Randolph Animal Hospital *400 S. Main St. Randolph, MA 02368 (781) 963-2298*
www.randolphanimal.com

Staff Use:	
Weight:	
Temp:	
HR:	

Pet Medical History

The information requested will tell us the things you want us to do for your pet. It is the only way we can be certain that we understand what you want. Therefore, it is very important for you to be as specific as possible.

Client Name: _____

Patient Name: _____

Species: _____ Breed_____

Sex: M ☐ F ☐ Spayed/Neutered? Y ☐ N ☐

TODAY'S DATE: 7/18/2023
Phone number where you can be reached today _____

In your own words please describe what is going on with your pet, and when it started:_____

_____

_____

Current Diet: _____ Feedings per day: _____ Amount per feeding: _____

Is your pet on heartworm prevention? ☐ Yes ☐ No (If yes check one: Seasonal ☐ Year-round ☐)

Is your pet on flea/tick prevention? ☐ Yes ☐ No (If yes check one: Seasonal ☐ Year-round ☐)

Please list current medications and supplements (if any): _____

_____

Any accident or injury in the last 30 days? ☐ Yes ☐ No What? _____

Any surgery in the last 30 days? ☐ Yes ☐ No What? _____

Any known allergies to medications? ☐ Yes ☐ No To what? _____

Does your pet go to groomer/daycare or is exposed to other animals in an enclosed environment? ☐ Yes ☐ No

Does (has) your pet travel(ed) to other areas recently? ☐ Yes ☐ No Where? _____

Appetite normal? ☐ Yes ☐ No (☐ More ☐ Less How long? _____)

Drinking normal amounts of water? ☐ Yes ☐ No (☐ More ☐ Less How long? _____)

Normal urination habits? ☐ Yes ☐ No (☐ More ☐ Less How long? _____)

(Flip Over)

Normal bowel movements? ☐ Yes ☐ No

If no: ☐ diarrhea ☐ constipation How long? _____

Listless/lethargic? ☐ Yes ☐ No How long? _____

Coughing? ☐ Yes ☐ No How long? _____

Sneezing? ☐ Yes ☐ No How long? _____

Vomiting? ☐ Yes ☐ No How long? _____

Gagging? ☐ Yes ☐ No How long? _____

Anything unusual eaten/ingested? ☐ Yes ☐ No What? _____

Weakness? ☐ Yes ☐ No How long? _____

If yes, describe: _____

Limping? ☐ Yes ☐ No How long? _____

If yes, which leg (s)? _____

Itching/Scratching? ☐ Yes ☐ No How long? _____Where?_____

Scooting/licking hind end? ☐ Yes ☐ No How long? _____

History of seizures? ☐ Yes ☐ No Describe: _____

Bad breath? ☐ Yes ☐ No How long? _____

Weight change? ☐ Yes ☐ No (☐ gain ☐ loss Since when? _____)

Unusual discharge? ☐ Yes ☐ No From where? _____ How long? _____

Behavioral changes? ☐ Yes ☐ No Describe: _____

Do any cats in house go outside? ☐ Yes ☐ No

Did your pet eat today? ☐ Yes ☐ No

If necessary, may we sedate? ☐ Yes ☐ Call first

OWNER RELEASE:

You are to use all reasonable precaution against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I am absent will be treated as deemed best by the staff veterinarians and I ASSUME FULL RESPONSIBILITY for the expense of treatment involved. If I neglect to pick up my pet within 5 days of the date below and do not notify you within that time frame you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

_____ _____ _____

Signature Print Name Date

Staff Use Only:	Weight:
Temp: HR: RR:	Blood Sample? Yes ___ No ____
Mucous Membrane: CRT:	Urine Sample? Yes ___ No ____ Method: ____
Overall Demeanor:	Other:
MR Started: ☐ **Form Scanned:** ☐ **Form Attached:** ☐	