

# Highland Veterinary Clinic

Appt date:

Client Name:

Patient Name:

Filling in the following information on this check-in form ensures that we can record all of the medical history needed regarding your pet's condition & minimizes record error. Your co-operation is greatly appreciated. Please email your attached form to office@highlandvet.net

## Reason for visit today

Has your pet been examined elsewhere for the same condition?  
If yes, where?

**What medication is your pet taking now?**

**Does your pet have known allergies?**  
If yes, please describe

What Flea/Tick control is used?

What Heartworm/Intes. Parasite Prevention?

%Indoors vs. Outdoors:

Pet Travels Out of State?

Grooms away from home?

Boards away from home?

Is patient an assistance, Farm or guard animal?

If pet is a cat, please note # of Litterpans

Levels of home

Pet's drinking habits have

Pet's urination habits have

Pet's bowel movements have

# of Other Pets & Types: i.e. 2 dogs, 1 cat, 2 birds, Multi. Livestock,

## Please note to the best of your ability:

Please confirm that your contact information (phones, email, physical address) is current in our database. Your PetSite mirrors our information.	
Do you have pet insurance?	
Are your pet's vaccinations up to date?	
Is your pet spayed or neutered?	
Does your pet have a microchip or tattoo?	
Illness or injury away from HVC this past year?	
Have you noticed a change in your pet's appetite?	
Lameness/stiffness? Limbs	
What Brand & Type of, Food, including Treats:	
Daily Total	& Feeding times:
Worms	
Fleas/Ticks	
Vomiting	
Coughing	
Sneezing	
Itching	
Exercise intolerance	
Significant Hair Loss	
Head Flipping/Ear Irritation	
Unusual Discharge	
Weight Loss / Gain	
Listlessness / Weakness	
Unusual lumps or bumps	
Bad Breath / Painful Gums	
Diarrhea	Constipation
Painful Urination	
Inability to Urinate	
Anxiety	Depression
Fear	Aggression(no Fear)
Apparent Confusion	Dizziness/Stumbles
Seizures	
Reproductivity (Intact Fem./Males)	

Office Use Only: Weight

lbs gms