



CURBSIDE APPOINTMENT PATIENT HISTORY FORM

Please fill out and email this form prior to your appointment to: info@juanitabayvet.com

First & Last Name: _____

Best cell # to reach you at during curbside appointment: _____

Your Pet's Name: _____

Please share your observations of your pet's condition below

History:

Comments:

Your pet's current problem(s) _____

Duration and frequency of problem (s) _____

Problem: same better worse _____

Has a similar problem happened in the past? _____

Appetite: same increased decreased _____

Diet: type/ frequency/ schedule/ treats _____

Medications & supplements _____

Travel History- last 5 years: _____

Canines: access to dog parks, hiking, camping, etc? _____

Felines: access to outdoors or other outdoor cats? Indoor Only Outdoor exposure

Check all that apply

YES

NO

Comments:

Coughing _____

Sneezing _____

Weight loss _____

Increased drinking/urination _____

Vomiting _____

Diarrhea _____

Microchip _____

Parasite Control Trifexis Sentinel Topical: Other: How frequently & date last given: _____

Dental Care Brush Rinse Chews H2O Additive Dental Diet Other: _____

Vaccines Due DAPP Rabies Leptospirosis Bordetella H3N2+8 RCP FELV