



Marketplace
Veterinary
Clinic

Patient History Form

prior to your appointment, please fill out this form and email to: marketplacevet@outlook.com

First & Last Name: _____ Date: _____

Phone: _____ Your Pet's Name: _____

Has your pet been in contact with any COVID-19 positive person in the past two weeks? Yes No

Reason for your pet's visit: _____

Has a similar problem happened in the past? Yes No

Appetite: same increased decreased Does pet consume table food? Yes No

Diet: type/ frequency/ schedule/ treats: _____

Weight changes: same increased decreased

Water consumption: : same increased decreased Urination: : same increased decreased

Medications & supplements: _____

Canines: go to boarding facility/daycare, groomer, dog parks, hiking, camping, etc.? Yes No

If yes, explain: _____

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

Check all that apply:

Aggressive or fearful: Yes No Comments: _____

Change in attitude or behavior: Yes No _____

Coughing: Yes No _____

Sneezing: Yes No _____

Itching: Yes No _____

Hair loss: Yes No _____

Vomiting: Yes No _____

Diarrhea: Yes No _____

Seizures: Yes No _____

Exercise intolerance/collapse: Yes No _____

Difficulty rising after lying down: Yes No _____

Signs of lameness: Yes No _____

Changes in sleep pattern: Yes No _____

Discharge from nose, eyes, vulva, etc.: _____

Yes No _____

Growths on body: Yes No _____

Any known allergies to medications? Yes No If yes, please list: _____

Has patient ever had a vaccine reaction? Yes No If yes, please list and explain below: _____

Is patient on flea and tick prevention? Yes No If so, what type and how often? _____

Is patient on heartworm prevention? Yes No If so, what type and how often? _____

Has patient had a heartworm test in the past calendar year? Yes No If so, please email documentation with
completed history form.

Are vaccines current: Yes No If so, please email documentation with completed history form.