

**PET HISTORY for \_\_\_\_\_**

Please describe your pet's current symptoms: \_\_\_\_\_

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Please list all past illnesses and when they occurred in your pet's life:

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What food does your pet eat - include treats! \_\_\_\_\_

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What is your pet's vaccination history? Any problems after vaccines are given? \_\_\_\_\_

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Do you notice anything that makes your pet feel better or worse? Consider warm/cool days, dry/damp days, certain foods, outdoors/indoors, or ANYTHING else you can think of. \_\_\_\_\_

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Please list all medications your pet is on and doses : \_\_\_\_\_

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How do you want me to help your pet? \_\_\_\_\_

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