



*Wildwood Veterinary Hospital 1115 Luchessi Drive, San Jose, California 95118 408.265.8811*

**Visit Information:**

Thank you for giving us the opportunity to help care for your pet. In order to serve you better, please fill out the following information about your dog or cat.

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

What is the reason for the visit? \_\_\_\_\_

Has your pet received veterinary care outside Wildwood since they were last seen with us? Yes No

If yes, when and where? Please provide all locations and approximate dates: \_\_\_\_\_

Has any of your husbandry changed since the last time you were here? Yes No

If yes, please fill out a husbandry form or verbally go over with your technician.

What does your pet eat? Please include all foods and treats offered: \_\_\_\_\_

What type and brand food is offered? \_\_\_\_\_

How often do you feed your pet? \_\_\_\_\_

How much is offered for each meal? \_\_\_\_\_

How often does your pet receive treats? Which ones? \_\_\_\_\_

Does your pet receive monthly heartworm prevention? Yes No

If yes, what brand?: \_\_\_\_\_

Does your pet receive monthly flea and tick prevention? Yes No

If yes, what brand?: \_\_\_\_\_

Has your pet had any history of vaccine reactions? Yes No

If yes, what vaccination(s)? Please describe reaction: \_\_\_\_\_

Does your pet have any known allergies to medications or foods? Yes No

Which medications or foods? Please describe reaction: \_\_\_\_\_

Please describe any previous medical problems: \_\_\_\_\_

What medication is your pet currently on? Include all prescriptions, supplements, vitamins, topical treatments, etc: \_\_\_\_\_

Does your pet need to receive any anti-anxiety medications prior to exams? Yes No

If yes, which medication and what dosage? \_\_\_\_\_

If your pet is sick, has your pet experienced any of the following?

Regurgitation                  Diarrhea                  Coughing                  Sneezing

Loss of appetite                  Change in activity level                  No

If present, please describe: \_\_\_\_\_



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Has your pet experienced any of the following?

Excessive consumption of water	Excessive urination	Straining to urinate
Decreased stool production	Straining to defecate	No

If present, please describe: \_\_\_\_\_

When did the above symptoms first appear? \_\_\_\_\_ N/A

How have these symptoms changed since first being noticed? \_\_\_\_\_ N/A

Have any at home treatments been provided for this concern? \_\_\_\_\_ N/A

Has your pet exhibited aggressive behavior to people before? Yes      No

If yes, please describe: \_\_\_\_\_

Has your pet exhibited aggressive behavior to other animals before? Yes      No

If yes, please describe: \_\_\_\_\_