



CLINICAL HISTORY FORM

Have you been to our clinic before? YES NO

Date: _____

Patient Name:

Acquired from: Breeder Shelter Rescue Other (explain):

How long has the animal been with you?

Is this a show animal or working animal?

For Cats: Indoor Outdoor Indoor & Outdoor

FIV Status: Negative Positive

FeLV Status: Negative Positive

Dry Food:

Wet Food:

Treats:

Allergies or Diet Restrictions:

Any Difficulty Eating?

Current Medications (Name, dose and frequency):

Does your pet play with any toys?

Does your pet chew on any hard objects?

Previous dental procedures: YES NO Date:

Anesthetic complications:

Current home dental care plan and products:

Any other Episodes of general anesthesia?

Health problems:

Seizure History: YES NO

Vomiting: YES NO Diarrhea: YES NO

Coughing: YES NO Sneezing: YES NO

*Presenting Complaint:

Contact phone number(s) for procedure day:

Please verify your email address:

Return this form to adcrefferrals@animaldentalclinicpgh.com or info@animaldentalclinicpgh.com, thank you.