

Animal's Best Choice Veterinary Hospital
Patient History and Nutrition Form

Pet Name _____ Client Name _____ Date _____

Please **write in** your answer or **circle** the choices to the following questions.

1. Pets Current Weight _____ Do you believe your pet is: Under Weight Over Weight Healthy Weight
2. Is your pet housed: Indoor Outdoor Both Outside mainly for walks or exercise
3. Please describe your pets activity level : _____

4. Do you have other pets? Yes No If yes, please list their names and species: _____

5. Describe your pets general demeanor _____
Is your pet: Friendly anxious timid aggressive animal-aggressive people-aggressive
Has he/she used a muzzle during previous care? Yes/ No Size _____
6. Vaccination Status : Up to date Due Overdue
Vaccine records provided to Animal's Best Choice? Yes / No
7. Known **vaccine reactions**? Yes / No Please describe _____

8. Is your pet fed in the presence of other animals? Yes No If yes please describe _____

9. Is food left out for your pet during the day or taken away after a meal? _____
10. Does your pet have access to other unmonitored food sources (i.e. food from a neighbor, cat food, etc)? Yes /
No If yes, please describe

11. Who typically feeds your pet? _____
12. How do you store your pet's food? _____
13. Please list your pets **current and past medical problems** if any and have they been resolved or require ongoing
care :

