



Blue Ridge Plaza Animal Clinic

## Patient History Form

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Today's Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Preferred Phone #: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Species & Breed: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

### Past Illnesses, Surgeries, and Treatments

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### Current Medications and Allergies

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### Family Medical History (if relevant)

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### Lifestyle Factors (diet, exercise, environment, exposure to smoke, etc.)

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**Symptoms in Different Parts of the Body (Please check all that apply):**

- Skin/Coat (itching, rashes, lumps, hair loss)
- Eyes/Ears (discharge, redness, hearing or vision changes)
- Respiratory (coughing, sneezing, difficulty breathing)
- Gastrointestinal (vomiting, diarrhea, changes in appetite)
- Musculoskeletal (limping, stiffness, weakness)
- Neurological (seizures, disorientation, head tilt)
- Urinary (difficulty urinating, blood in urine)
- Behavioral Changes (aggression, anxiety, changes in routine)

**Additional Details or Observations**

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