

**Patient History Form
King of Prussia Veterinary Hospital
610-265-4313**

Please complete this form and bring it to your appointment, or email it to us prior to your arrival.

Client Name:

Address:

Phone Number:

Email Address

Animal Name:

Age/Date of Birth:

Sex:

Spayed/Neutered (Yes/No):

Reason for Visit:

Do you have any health concerns for your animal today?

If your animal is an intact (unspayed) female, when was her last heat cycle?

What food is your animal fed?

(Please include brand, flavor, dry or canned, quantity in cups or ounces, and how often the food is offered.

Example: Purina Pro Plan Sensitive Skin & Stomach Salmon Dry Dog Food, ½ cup twice a day)

What treats does your animal receive?

(Please include brand, flavor, quantity, and how often treat is offered. Include table scraps if applicable.

Medications:

Currently using:

Heartworm Preventative Yes (brand) _____ No

Flea/Tick Preventative: Yes (brand) _____ No

Any other medications, including over-the-counter medications or supplements? Please list medication, dose, and how often it is given.

- 1.
- 2.
- 3.
- 4.