



PATIENT HISTORY FORM

Prior to your appointment, please fill out this form and email to: staff@burrridgevet.com

First & Last Name: _____

Your Pet's Name: _____

Cell #: _____

Has your pet been in contact with any COVID-19 positive person in the past two weeks? Yes No

Please share your observations of your pet's condition below:

HISTORY:

Your concerns/pet's current problem(s)

Duration and frequency of problem(s)

Problem: same better worse

Has a similar problem happened in the past?

Appetite: same increased decreased

Diet: type/ frequency/ schedule/ treats

Medications & supplements

Travel History - last 5 years:

Canines: access to dog parks, hiking, camping, etc?

Felines: access to outdoors or other outdoor cats?

COMMENTS:

Indoor Only Outdoor Exposure

CHECK ALL THAT APPLY

YES

NO

COMMENTS:

Coughing

Sneezing

Weight loss

Increased drinking/urination

Vomiting

Diarrhea

Microchip

Parasite Control

Sentinel - Date Last Given: _____ Bravecto - Date Last Given: _____

Parastar - Date Last Given: _____ Revolution/Seresto - Date Last Given: _____

Dental Care

Brush - Frequency: _____ Rinse - Frequency: _____ Chews - Frequency: _____

H2O Additive - Frequency: _____ Other: _____

Vaccines Due

Rabies DHPP Leptospirosis Lyme Bordetella H3N2+8 FVRC FELV