

Patient History Form:

Date: _____

Answering the following questions to the best of your ability will ensure the safety of our staff and conservation of our limited personal protective equipment while taking care of your pet today.

1. Have you or your pet traveled outside of Alaska in the past 2 weeks? yes or no.
2. Have you or someone in your home experienced respiratory symptoms (cough, sneeze, fever) in the past 2 weeks? yes or no.
3. Have you been asked to quarantine yourself by a health official or physician in the past 2 weeks? yes or no.

This form allows our doctors to obtain a detailed history to aid us in the examination of your pet. Please fill out this form as completely as possible. You may write on the back of this form if more space is needed.

Reason for visit today _____

This issue began on _____ and is improving, worsening/progressing, or not changing

Has your pet had any coughing, sneezing, vomiting, diarrhea, scratching (ears/face/body), new/changing lumps or bumps, behavior changes, or mobility issues? If yes, please describe (if applicable) amount, frequency, color, consistency, and duration of ailment. Blood present. _____

Appetite: increased, normal, decreased; for how long? _____ days/weeks/months.

Thirst : increased, normal, decreased; for how long? _____ days/weeks/months.

Activity level: increased, normal, lethargic; for how long? _____ days/weeks/months.

Urination: abnormal or normal. If abnormal, Please note color, amount, frequency, and duration of abnormality.

Diet: (including treats/people food) _____

This diet has changed in the past 6 months.

Please list any medications, supplements, topical treatments your pet has received in the past month and when they were last given: _____

Is your pet current on vaccinations? yes, no, unsure. Does your pet have a microchip? yes, no, unsure.

If you answered no/unsure to the above questions, would you like to discuss vaccination/microchip with your pet's Doctor? yes or not today.

Anything else you would like us to know about your pet? _____

Please remain in your vehicle. Once you arrive, please call our front desk at **907-344-7913**. Thank you for your understanding and patience!

Pet Name

Owner First Name

Owner Last Name



Best Contact Number: _____