



HEARTFELT VETERINARY HOSPITAL

1127 NE Broadway Street | Portland, OR, 97232

www.heartfeltvet.com | 503-406-1803

PATIENT HISTORY FORM

This form must be completed 48 hours prior to your appointment. If your appointment was scheduled less than 48 hours before your appointment time, please complete as soon as possible. This form helps expedite your visit and ensures your veterinary staff can best care for your pet.

Your name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Email: _____

Pet's name: _____ Appointment Date: _____ Appointment Time: _____

Primary reason for visit: _____

If any problem(s), when did it start and is it progressing or getting worse?

Is your pet on Heartworm Prevention? YES NO

If yes, when was the last treatment given? _____

Is your pet on Flea/Tick Prevention? YES NO

If yes, when was the last treatment given? _____

Current medications and dosage (Please list all medications, including supplements): _____

Current diet and feeding schedule (Please include treats): _____

Is your pet spending time...? Indoors Outdoors Indoors and Outdoors

Does your pet visit any of these places? (Check all that apply)

Daycare

Boarding

Parks

Hiking

Camping

Interstate travel

Is your pet experiencing any of the following symptoms (*check all that apply*)?

- Coughing
 - o How long? _____
 - o How often? _____

- Sneezing
 - o How long? _____

- Vomiting
 - o How long? _____
 - o Is there anything that your pet may have gotten into? _____

- Diarrhea (****Please bring a fecal sample that is less than 12 hours old to the appointment*)
 - o How long? _____

- Changes in bowel movements
Please explain _____

- Changes in weight
 - o Increased
 - o Decreased

- Changes in appetite
 - o Increased
 - o Decreased

- Changes in water consumption
 - o Increased
 - o Decreased

- Changes in urination frequency
 - o Increased
 - o Decreased

- Any painful areas? _____

Are there any other concerns that you would like us to address today? YES NO

If yes, please explain. _____

If your pet is a new patient at Heartfelt Vet, can you please list all previous Veterinary clinics that your pet has been seen at (including Emergency Vet visits and specialists):

If your pet is a current patient at Heartfelt and has been seen recently (within 4years) at an Emergency Vet or Specialist, please list when and where they were seen at:

Are you interested in hearing about our Preventative Pet Care Plans? YES NO

INFORMATION ABOUT YOUR UPCOMING APPOINTMENT WITH US

Please text or call us when you arrive for your appointment.

TEXT: 503-406-4418 | CALL: 503-765-1210

Please keep in mind our 24-hour cancellation/no show policy. We understand things come up and you may need to reschedule your appointment. To avoid the no-show cancellation fee, please call us 24 hours in advance to cancel or reschedule your appointment.

**We thank you for your trust in us here at Heartfelt Veterinary Hospital and
look forward to seeing you at your pet.**