

ANIMAL MEDICAL CENTER OF LEHIGH ACRES MEDICAL HISTORY

Owner's Name:

Pet's Name:

Describe any medical conditions, surgeries or physical impairments and/or any physical limitations to be aware of before your dog participates in any activity?

Arthritis Diabetes Allergies Ear/Eye Infections Hot Spots
Stress-related diarrhea (colitis) Seizures If yes, how often and describe?

PET PROFILE

Does your dog play with other dogs? Yes No

Are there any kinds of people your dog automatically fears or dislikes?

Has your dog ever growled at someone? Yes No

If yes, what were the circumstances?

Has your dog ever bitten anyone? Yes No

If yes, what were the circumstances?

Is your dog protective over food, toys and/or other objects? Yes No

If yes, please explain

Any history of destructive chewing? Yes No Separation anxiety? Yes No

Has you dog ever climbed or jumped over a fence? Yes No

Does your dog have any sensitive areas on his / her body? Yes No

If yes, please explain

How does your dog react to having his / her nails clipped?

Is your dog afraid of thunderstorms or any specific item or noises? Yes No

If yes, please explain

1/28/2016

00/00/00 Patient Medical History

Pet Resort