

## 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 your 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

00/00/00 Patient Medical History

Pet Resort