



## Admit Medical History Form

404 S. Edgemoor, Bldg 100  
Wichita, KS 67218  
316-683-4641  
[hospital@skaervet.com](mailto:hospital@skaervet.com)  
[www.skaervet.com](http://www.skaervet.com)

Full Name: \_\_\_\_\_ Pet's name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Phone Number to reach you the day of your pets appointment:  
\_\_\_\_\_

Has your address changed?    Yes    No  
\_\_\_\_\_

What is the reason for your pet's visit today? (If a medical concern, when did you first notice the symptoms?)  
\_\_\_\_\_  
\_\_\_\_\_

When did your pet eat last? \_\_\_\_\_

What food does your pet eat? (brand, how much per day, wet / dry) What treats and table food do you give your pet?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications your pet has had in the last 48 hours (name/strength/time given):  
\_\_\_\_\_  
\_\_\_\_\_

Other medication(s), including preventatives, and/or supplement(s):  
\_\_\_\_\_  
\_\_\_\_\_

Which preventative(s) is your pet on?    Sentinel Spectrum (Heartworm)    Nexgard (Flea/Tick)    Revolution  
(Heartworm/Flea)    Seresto Collar    None    Other: \_\_\_\_\_

When did you give the last dose of preventatives? \_\_\_\_\_

Do you need any prescription(s) or preventative(s) refilled at your pet's visit? (If yes, please list which medication(s), strength, and quantity you would like refilled.)    Yes    No

Lifestyle of your pet:    Indoor Only    Indoor-occasional outdoor trips ;)    Indoor/Outdoor    Outdoor only  
Goes to doggy daycare, boarding, grooming or dog parks    Other \_\_\_\_\_

What activities do you do with your pet for exercise? \_\_\_\_\_

Have you noticed any of the following in your pet?

Change in appetite?    No    Yes (Describe) \_\_\_\_\_

Change in drinking or urination?    No    Yes (Describe) \_\_\_\_\_

Any vomiting?    No    Yes (Describe) \_\_\_\_\_

Any diarrhea, constipation, other stool abnormalities?    No    Yes (Describe)  
\_\_\_\_\_

Coughing, sneezing, nasal discharge or other respiratory signs?    No    Yes (Describe)  
\_\_\_\_\_

Mobility concerns? (limping, pain, stiffness)      No      Yes (Describe)

---

Skin or ear concerns? (itching, head shaking, odor, chewing, scooting)      No      Yes (Describe)

---

New lumps or bumps and/or changes in existing lumps?      No      Yes (Describe)

---

What dental care do you provide for your pet at home?

---

Does your pet have any health or behavior concerns you want to discuss with the doctor?

---

Please provide any additional information or concerns that you would like to discuss at your pet's visit:

---

---

I give the doctors and staff at Skaer Veterinary Clinic permission to examine my pet, and I understand that I am responsible for payment of service at the time of my pets dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_