



Nurse Appointment Medical History Form

404 S. Edgemoor, Bldg 100
Wichita, KS 67218
316-683-4641
hospital@skaervet.com
www.skaervet.com

Full Name: _____ Pet's name: _____

E-Mail Address: _____

Primary Phone Number: _____

Has your address changed? Yes No

What is the reason for your pet's visit today? Pedicure Express Anal Glands Vaccinations
Laser Therapy Bandage Change Progress Exam after Periodontal Suture Removal
Other: _____

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

Current 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 _____

Your pet is scheduled for a nurse appointment. If you have any medical concerns, like the ones below, a different appointment will need to be scheduled with a doctor.

- Change in appetite, drinking, urination.
- Vomiting, diarrhea, constipation, other stool abnormalities.
- Coughing, sneezing, nasal discharge, other respiratory signs.
- Mobility concerns: (limping, pain, stiffness)
- Skin or ear concerns: (itching, head shaking, odor, chewing, scooting, new lumps, changes of existing lumps)

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: _____