



## ***Medical History Form***

We want to ensure the best possible care for you pet during the dental cleaning. Please circle all that apply to your pet's medical and behavioral history. Please provide as much detail as possible. Thank you.

- Heart condition
- Heart murmur
- Liver/Kidney problems
- Respiratory problems
- History of seizures
- Collapsing trachea
- Backpain/problems
- Neckpain/problems
- Hip pain
- Sensitive areas
- Luxating patellas
- Arthritis
- Major surgeries
- Fear biter
- Dog or cat aggressive
- Cage aggressive
- Cancer
- Immune system problems
- Thyroid problems
- Allergies
- Blood disorders
- Diabetes
- Cushings/Addison's Disease

■ Please list all current medications: \_\_\_\_\_  
\_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact#: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Has your pet ever had a non-anesthetic dental before? Y N

Date of last dental: \_\_\_\_\_