

## Abby's Road Veterinary Care History Form

*Please note, if Dr. Strobbe will be seeing more than one pet, please complete one history form per pet. Also, please request medical history be faxed from the previous clinic to Dr. Strobbe at 888-240-6508. Thank you!*

Response Date					
Client Name 1					
Cell Phone		Home Phone		Work Phone	
Email					
Client Name 2					
Cell Phone		Home Phone		Work Phone	
Email					
Street Address					
City		State		Zip	
<i>Please note, all appointment and vaccination reminders are sent via email.</i>					
Has Dr. Strobbe seen your pet before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, was your pet seen at a <input type="checkbox"/> home visit   or <input type="checkbox"/> Wellness Clinic?					
For new clients: How did you hear about Dr. Strobbe?					
<b>Pet Information</b>					
Pet name			Breed		
				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Color		Date of birth or approximate age		Spayed or Neutered	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pet Medical History</b>					
<b>Dogs:</b> When was the last heartworm test?			Is your dog on heartworm medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Cats:</b> Has your cat been tested for feline leukemia/ feline aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your cat inside only?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How is your pet's appetite?					
What food(s) does your pet eat?					
Is your pet on any medications or supplements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.			
Has your pet had any vomiting or abnormal stools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.			
Have you heard any coughing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.			
Have you heard any sneezing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.			
Is urination normal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please describe.			

(Examples of not normal: increased volume, straining, accidents within house, etc.)			
Have there been any illness or injury in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.	
How is your pet's activity level?			
Have you noticed any weakness or lameness? If so which leg(s) is affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which leg(s) is affected?	
Has your pet been shaking at all?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your pet scoot on his/her butt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been scratching or hair loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
Have you noticed any lumps or bumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where?	
Does your pet have allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal	What treatments have been tried?
Does your pet have bad breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Please check a box below, indicating your preference.</p> <p><input type="checkbox"/> I am interested in learning how to identify the root issues of any applicable health concerns (for example, consider food therapy, herbs, acupuncture, &amp;/or additional supplements).</p> <p><input type="checkbox"/> I am hopeful to find a prescription medication (pill form or injectable) to control symptoms of any applicable health concerns.</p> <p><i>(Please note: Dr. Strobbe supports each preference)</i></p>			
<p>Has your pet ever had any fear responses at the vet (ie shaking, growling, trembling, snapping, biting)? <i>Please note, knowing a bit more about previous visits will help Dr. Strobbe better understand how to make a visit go even better.</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, please describe.</p>			
<p>Additional history – please share with Dr. Strobbe anything else you want her to know:</p>			

Please email ([AbbysRoadVet@gmail.com](mailto:AbbysRoadVet@gmail.com)) or fax (888-240-6508) this form once it is completed. We also request you ask for your pet's previous veterinary records be emailed or faxed to us. Once all information has been received, Dr. Strobbe will review your pet's information and then, we will arrange the visit location and timing. Thank you!