



Medical History Checklist

CLIENT/PET INFORMATION

Owner name: _____

Pet name: _____

Pet breed/age: _____

Phone number: _____

Veterinarian: _____

Date of last dental: _____ Anesthetic: _____

Non-anesthetic: _____

MEDICAL/BEHAVIOR INFORMATION (PLEASE MARK ANY THAT APPLY)

- | | | |
|--------------------------|--------------------------------------|----------------|
| <input type="checkbox"/> | Heart condition/murmur | Details: _____ |
| <input type="checkbox"/> | Liver/kidney issues | Details: _____ |
| <input type="checkbox"/> | History of seizures | Details: _____ |
| <input type="checkbox"/> | Respiratory issues | Details: _____ |
| <input type="checkbox"/> | Collapsing trachea | Details: _____ |
| <input type="checkbox"/> | Luxating patella/knee surgery | Details: _____ |
| <input type="checkbox"/> | Back pain/back surgery | Details: _____ |
| <input type="checkbox"/> | Neck pain/neck surgery | Details: _____ |
| <input type="checkbox"/> | Hip pain/dysplasia/surgery | Details: _____ |
| <input type="checkbox"/> | Eye problems/surgery | Details: _____ |
| <input type="checkbox"/> | Cancer | Details: _____ |
| <input type="checkbox"/> | Immune system issues | Details: _____ |
| <input type="checkbox"/> | Thyroid issues | Details: _____ |
| <input type="checkbox"/> | Blood disorders | Details: _____ |
| <input type="checkbox"/> | Diabetes | Details: _____ |
| <input type="checkbox"/> | Cushing's/Addison's disease | Details: _____ |
| <input type="checkbox"/> | Allergies | Details: _____ |
| <input type="checkbox"/> | Fear biter | Details: _____ |
| <input type="checkbox"/> | Dog/cat aggressive | Details: _____ |
| <input type="checkbox"/> | Cage aggressive | Details: _____ |
| <input type="checkbox"/> | Other major surgeries/medical issues | Details: _____ |
| <input type="checkbox"/> | Medications | Details: _____ |

Owner's Signature: _____ **Date:** _____

We take the utmost pride in caring for your pet during their dental cleaning. We appreciate you taking the time to note any medical and behavioral issues that may apply and providing as much detail as you are able. Thank you.