



CASCADE SUMMIT

Animal Hospital

Online Brief Patient History Form

Pet Name: _____

Client Name: _____

Name & Phone Number for Decisions: _____

For today's visit, are there any symptoms or concerns to address? Yes No

If "yes" above, please list: _____

Monthly heartworm / deworming / flea preventive:

None

Trifexis Interceptor Plus Heartgard Nexgard Bravecto

Revolution Cheristin Vectra Frontline Advantage

Current medications / supplements and dose given: _____

Any changes to diet? _____

Appetite: normal decreased increased

Water intake: normal decreased increased

Activity Level: normal abnormal

History:

• How is your pet doing at home? _____

• Do you need any medication refills? Yes No

• Other comments: _____