



Holistic & Traditional Care  
**MARINA VETERINARY CENTER, INC.**  
COMPREHENSIVE PATIENT MEDICAL HISTORY FORM

**Pet's Name:** \_\_\_\_\_ (*Circle*): **Canine / Feline**      **Male / Female**

**Birthdate:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Which type of treatment do you prefer?** (*Circle*)      Holistic      -      Traditional      -      Combination

**Has your pet been spayed or neutered?** (*Circle*)      Yes      or      No

**Does your pet show any signs of aggression toward people/other animals?** (*Circle*)      Yes      or      No

**What issue(s) would you like resolved?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Has your pet been examined elsewhere for the same condition?** (*Circle*)      Yes      or      No

*If yes, where?* \_\_\_\_\_

**Is your pet currently on any medications?** (*Circle*)      Yes      or      No

*If yes, what medications:* \_\_\_\_\_

**Does your pet have any known allergies?** (*Circle*)      Yes      or      No

*If yes, please describe:* \_\_\_\_\_

**Has your pet been fully vaccinated?** (*Circle*)      Yes      or      No

**Your pet is kept:** (*circle*)      Indoors      -      Outdoors      -      Both

**Are there other pets in your household?** (*Circle*)      Yes      or      No

*If yes, please list:* \_\_\_\_\_

**Do you have pet health insurance?** (*Circle*)      Yes      or      No

I authorize the use of my pet's picture to be portrayed in a positive matter for the purpose of teaching/learning and social media. Initial: \_\_\_\_\_

Marina Veterinary Center is dependant on your payment of fees to maintain our high quality of patient care. Our hospital does not extend credit (billing services) and you are responsible for all fees for products and services rendered upon pick up of your animal.

\_\_\_\_\_  
**(Client Signature)**