

PET MEDICAL HISTORY TINIRU INC. DBA PAWSITIVELY PURRFECT

Just as we need special attention due to an injury or illness from our past, so does your pet. So, we ask all clients to be as honest and straight forward as possible to ensure we can provide a grooming experienced tailored for your pet. All medical information is important and is required to be updated with us with any major changes.



GUEST

ALL SECTIONS MUST BE COMPLETED

Guest's Name: _____ Feline Canine Breed: _____
Color/Markings: _____ Male Female Spayed Neutered
Birthdate/Age: _____ This pet is from: Rescue Breeder Stray Other



HEALTH & MEDICAL HISTORY

PLEASE BE AS ACCURATE AS POSSIBLE AND ANSWER ALL QUESTIONS HONESTLY

Is your pet treated for fleas and ticks? Yes No If yes, please provide brand/regime: _____

Does your pet suffer from any of the following? (Please check all that apply)

- Hearing Lose Vision Lose Arthritis Cancer Cognitive Disorders
 GI Issues Dementia Joint Issues Heart Problems Kidney Issues
 None of the above applies

If so, please explain: _____

Has your pet seen their veterinarian for anything more than an annual or vaccination in the last 6 months? Yes No

If Yes, please explain: _____

Does your pet have any lumps or growths that we should be aware of? Yes No If Yes, please explain: _____

Has your pet ever been severely injured? Yes No If yes, please explain: _____

Has your pet ever gone through major surgery? Yes No If yes, please explain: _____

Does your pet have any additional medical/health issues not listed above that we should be aware of? Yes No

If yes, please explain: _____

PET MEDICAL HISTORY CONT'D



MEDICATIONS

PLEASE LEAVE BLANK UNLESS YOUR PET IS ON PRESCRIPTION MEDICATIONS

Name: _____

Reason/Purpose: _____

How frequent is medication given: Daily Weekly When Necessary Other: _____

Are there any side effects? Yes No If yes, please explain: _____

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Are there any side effects? Yes No If yes, please explain: _____



Pawsitively Purrfect Grooming, Boarding, & Supplies

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