

Veterinary clinical history

Patient record

CLINIC DETAILS

Clinic name		Record no.
Address		Date registered
Phone	Email	

OWNER

Full name		ID or passport no.
Phone	Email	
Address		Postcode and town

PATIENT

Name	Species	Breed	
Sex ☐ Male ☐ Female	Neutered/spayed ☐ Yes ☐ No	Date of birth	
Microchip	Coat colour	Weight (kg)	
Temperament and handling precautions			

HISTORY AND ALLERGIES

ALLERGIES AND ADVERSE DRUG REACTIONS

MEDICAL HISTORY *Previous or chronic conditions, with dates.*

SURGICAL HISTORY *Surgeries, dates and complications.*

Current medication

Diet

Environment

☐ Indoor ☐ Outdoor ☐ Lives with other animals

VETERINARY CLINICAL HISTORY

Patient	Owner	Record no.
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VACCINATIONS

Date	Vaccine	Batch no.	Next due	Vet

PARASITE CONTROL

Date	Internal or external	Product	Dose	Next due	Vet

CONSULTATION LOG

Date	Reason for visit	Diagnosis	Vet

VETERINARY CLINICAL HISTORY · CONSULTATION SHEET

One sheet per consultation. Print it as often as you need.

Patient	Record no.	Date	Weight (kg)
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REASON FOR VISIT

HISTORY *What the owner reports: onset, progression, appetite and previous treatment.*

CLINICAL EXAMINATION

Temperature (°C)	HR (bpm)	RR (/min)	Mucous membranes	CRT (s)	Body condition
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EXAMINATION FINDINGS *General condition and findings by body system.*

DIAGNOSTIC TESTS *Bloods, imaging, cytology and their results.*

Presumptive diagnosis	Definitive diagnosis
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Treatment

Drug	Dose	Route	Frequency	Duration

Plan and follow-up	Recheck date
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OWNER INSTRUCTIONS

Vet	Registration no.	Signature and stamp
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