

PRE-EXISTING MEDICAL CONDITIONS FORM



NICOLE SKYRME
VETERINARY PHYSIOTHERAPY

Owners name:

Dogs name:

Breed and colour: Age:

Date:

Has your dog been diagnosed with the following?

	YES	NO	Details (Date of diagnosis, medication...)
Epilepsy			
Heart conditions e.g., murmur, heart disease, pace maker.			
Respiratory conditions			
Hypothyroidism			
Hyperthyroidism			
Benign tumours e.g., fatty lumps			
Cancerous tumour			
Skin conditions			
Allergies			
Eye conditions and/or blindness			
Deafness			
Kidney disease			
Incontinence			
Cancer			
Diabetes			
Nutritional disorders e.g., previously suffered from malnutrition, severe obesity.			
Bone disease e.g. Panosteitis, osteochondrosis, and hypertrophic osteodystrophy			
Others (please state)			
Is your dog currently...	YES	NO	Details
Pregnant			

Please confirm your dog is free from any bacterial, fungal and viral infections at this point in time such as Kennel cough, ear infection, Parvovirus, worms, ticks or fleas.

Signed: