PATIENT HISTORY SHEET

Patient Name:_____ Date:_____

If feline: Indoor Outdoor Indoor & Outdoor

What are your concerns about your pet:_____

_____

Please list any additional household pets: _____

_____

Current Diet: _____

When was your pet last vaccinated?_____

Have you traveled with your pet recently? If so, where?_____

Please list flea/tick/heartworm preventive? _____

Additional medical history, including surgeries, allergies, special needs:_____

_____

Current medications:

Medication:_____Dosage/frequency:_____Response:_____

Medication:_____Dosage/frequency:_____Response:_____

Medication:_____Dosage/frequency:_____Response:_____

Medication:_____Dosage/frequency:_____Response:_____

D**iscontinued or completed** medications:

Medication:_____Dosage/frequency:_____Response:_____

Medication:_____Dosage/frequency:_____Response:_____

Medication:_____Dosage/frequency:_____Response:_____

Has your pet exhibited any of the following? (Please circle all that apply)

- Lethargy Yes No
  - If yes: Duration _____
- Change in water consumption Yes No
  - If yes:
    - Duration _____
    - Increase OR Decrease
- Change in urination Yes No
  - If yes:
    - Duration _____
    - Increase OR Decrease
    - Straining
    - Blood

- Changes in appetite Yes No
  - If yes:
    - Duration _____
    - Increase OR Decrease
      - If Decrease:
        - Interested in eating Yes No
        - Oral pain Yes No

- Vomiting Yes No
  - If yes:
    - Duration _____
    - Food OR Bile/ Saliva
    - Active OR Passive
    - Specific time of day _____

- Diarrhea Yes No
  - If yes:
    - Duration _____
    - Blood and/ or Mucus
    - Straining
    - Abnormal stool color
      - Please describe _____
    - Sense of urgency
    - Watery

- Constipation Yes No
  - If yes: Duration _____

- Weight loss Yes No
  - If yes:
    - Over what time period _____
    - Appetite is increased/ decreased/ unchanged

- Gagging/retching Yes No

- Coughing Yes No

- Sneezing Yes No

- Abnormal breathing Yes No
  - If yes:
    - Describe _____
    - Associated with activity or excitement

- Other _____
  _____