

OWNER NAME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## PATIENT HISTORY

PRIMARY PROBLEM: \_\_\_\_\_

HOW LONG HAVE YOU NOTICED PROBLEM: (NUMBER) \_\_\_\_\_  DAYS  WEEKS  MONTHS  YEARS

IS IT:  CONSTANT OR  INTERMITTENT

DOES IT APPEAR TO BE:  IMPROVING  
 STAYING THE SAME  
 PROGRESSIVELY WORSE

HAS YOUR PET RECEIVED MEDICATION FOR THE PRESENT PROBLEM:  YES OR  NO

	DOSE	HOW OFTEN
IF YES, WHAT MEDICATION: 1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

HAS YOUR PET RESPONDED TO MEDICATION:  NOT AT ALL  
 PARTIALLY  
 COMPLETELY

IS YOUR PET: (CHECK ALL THAT APPLY)

COUGHING  DRINKING EXCESSIVELY  
 SNEEZING  ACTIVE/NORMAL/PLAYFUL  
 VOMITING  DEPRESSED/LETHARGIC  
 HAVING DIARRHEA  LIMPING  
 URINATING FREQUENTLY  DIFFICULTY BREATHING  
 PANTING A LOT  LOSING WEIGHT

### PREVIOUS MEDICAL PROBLEMS:

HAS YOUR PET HAD PRIOR MEDICAL PROBLEMS?  YES OR  NO

PROBLEM: \_\_\_\_\_

HAS THIS PROBLEM RESOLVED?  YES OR  NO

IF NO, PRESENT TREATMENT: \_\_\_\_\_

### ENVIRONMENT:

IS YOUR PET PRIMARILY:  INDOOR  OUTDOOR  BOTH

DO YOU HAVE A FENCED YARD?  YES OR  NO

DO YOU SPRAY FOR FLEAS?  YES OR  NO

PRODUCT USED: \_\_\_\_\_

LAST USED: \_\_\_\_\_

DOES YOUR PET HAVE ACCESS TO THE NEIGHBORHOOD?  YES OR  NO

DO YOU HAVE ANY OTHER PETS?  YES OR  NO

ARE THEY HEALTHY?  YES OR  NO

IS (ARE) YOUR ANIMAL(S) UP TO DATE ON VACCINES?  YES OR  NO

IF APPLICABLE:

IS YOUR CAT VACCINATED FOR FELV?  YES OR  NO

WHEN WAS IT LAST TESTED FOR FELV? \_\_\_\_\_

DOES YOUR ANIMAL TRAVEL?  YES OR  NO

IF YES, TO WHERE? \_\_\_\_\_

### DIET:

HAVE YOU RECENTLY CHANGED DIET?  YES OR  NO (IF YES, LIST OLD DIET): \_\_\_\_\_

WHAT DO YOU FEED YOUR PET?  DRY  CANNED  BOTH

BRAND DRY: \_\_\_\_\_

CANNED: \_\_\_\_\_

EATING WELL?  YES OR  NO

DOES YOUR PET HAVE ACCESS TO THE TRASH?  YES OR  NO

TABLE SCRAPS  YES OR  NO

FEEDINGS PER DAY?  ONCE  TWICE  THREE TIMES  FREE CHOICE

### OTHER MEDICATIONS:

ASPIRIN:  YES OR  NO

VITAMIN SUPPLEMENT:  YES OR  NO

HEARTWORM PREVENTATIVE:  YES OR  NO

FLEA PREVENTATIVE:  YES OR  NO