



BluePearl Veterinary Specialty & Emergency
Pet Hospital – Stone Oak
Internal Medicine
Critical Care
Cardiology

In order to expedite your visit please provide us with the following information to the best of your ability. If you are unsure of a question, please notify the attending technician.

- Reason for visit: _____
- How long have symptoms been present? _____ Are the symptoms new or recurrent? (circle)
- How long have you owned your pet? _____ Have you had him/her since a puppy/kitten? Yes No
- Please list any places visited outside of the San Antonio area: _____

General (Please circle appropriate response)

Pet Location:	Indoors	Free Roaming	Fenced Outdoors
Appetite:	Normal	Increased	Decreased
Water Consumption:	Normal	Increased	Decreased
Weight:	Normal	Increased	Decreased (how much _____)
Activity Level:	Normal	Increased	Decreased
Abnormal swelling/discharge:	No	Yes	Where? _____

Gastrointestinal

Vomiting	No	Yes	Frequency: _____
Defecation	Normal	Increased	Constipated
Diarrhea	No	Yes	Frequency: _____

Urinary

Drinking more than normal?	No	Yes	Duration: _____	
Straining to urinate?	No	Yes		
Urination-frequency/amount?	Normal	Increased	Decreased	Incontinent

Respiratory/Cardiovascular

Difficulty breathing?	No	Yes				
Coughing?	No	Yes	Describe:	Dry	Moist	Productive
Excessive panting?	No	Yes				

Neurologic

Mental level:	Alert	Depressed	
Collapse:	No	Yes	Frequency: _____
Seizures:	No	Yes	Frequency: _____
Pain?	No	Yes	Where: _____
Trouble walking/Lameness?	No	Yes	Where: _____
Changes in vision or hearing	No	Yes	Explain: _____

List any previous or ongoing illnesses in your pet's medical history: _____

List any medications your pet has received in the past six months, **please circle current medications.**

List any additional information you have regarding today's visit including adverse reactions to medications:

Current diet including treats is/are: _____

Heartworm, flea, and tick preventatives used are: _____