Internal Medicine Service
Clinical History

To be filled out by owner/guardian.
Please print! Thank you.

Today's date	Are you the owner of this pet? Check one: ❑ Yes ❑ No		Are you authorized to make decisions regarding the care of this pet? Check one: ❑ Yes ❑ No
Pet's name	Species ❑ Cat ❑ Dog	Breed (if not purebred, write "mixed"):	Date of birth Is this date an estimate? ❑ Yes ❑ No
Sex ❑ Male ❑ Female	Has your pet been neutered ? ❑ Yes ❑ No	How long have you owned your pet? _______ years, ______months	How many other pets are in the house? _____cats, _____dogs, _____ others List other animals: ___________________________

Does your pet spend time outside unsupervised?
Check one: ❑ Yes ❑ No

If yes, please check the type of outside environment (all that apply):
❑ Wooded ❑ Urban
❑ Garage ❑ Areas with standing water (pools, puddles)

Has your pet ever traveled outside the NYC area? ❑ Yes ❑ No
If yes, please list the locations and date/year of visit or frequency:
Location ____________________Date/year or frequency__________
Location ____________________Date/year or frequency__________
Location ____________________Date/year or frequency__________
Location ____________________Date/year or frequency__________

Do you have pet health insurance? ❑ No ❑ Yes; please list your provider:____

Does your pet receive heartworm preventative? ❑ Yes ❑ No Does your pet receive flea/tick preventative? ❑ Yes ❑ No
If yes to either, please provide the following information:

Name of heartworm preventative:_________________ Frequency given (check one): ❑ every month per year ❑ in the warm months ❑ as needed
Last given: Month_________________Year_________________
Name of flea/tick preventative:___________________ Frequency given (check one): ❑ every month per year ❑ in the warm months ❑ as needed
Last given: Month_________________Year_________________

Please indicate if the following vaccinations are administered to your pet and provide all available information requested:

❑ Yes ❑ No CATS AND DOGS: Rabies
If yes, how often? ❑ Yearly ❑Every 3 years Date last administered: Month_________________Year_________________

❑ Yes ❑ No DOGS ONLY: Distemper, Adenovirus, Parvo, Parainfluenza (i.e. DA2PP)
If yes, how often? ❑ Yearly ❑Every 3 years Date last administered: Month_________________Year_________________

❑ Yes ❑ No DOGS ONLY: Leptospirosis (sometimes given with DA2PP and called DA2PPL)
If yes, how often? ❑Yearly ❑Every 6 months Date last administered: Month_________________Year_________________

❑ Yes ❑ No DOGS ONLY: Lyme
If yes, how often? ❑ Yearly ❑Every 6 months Date last administered: Month_________________Year_________________

❑ Yes ❑ No CATS ONLY: Feline viral rhinotracheitis, coronavirus, panleukopenia (i.e. FVRCP)
If yes, how often? ❑ Yearly ❑Every 3 years Date last administered: Month_________________Year_________________

❑ Yes ❑ No Other vaccination: Name____
If yes, how often? ❑ Yearly ❑Every 3 years Date last administered: Month_________________Year_________________

Please provide the following information regarding your pet's diet.

Name of primary food ______________ Formulation (check one): ❑ Canned ❑ Dry Amount per **day** _____ cups _____cans

Name of other food ________________ Formulation (check one): ❑ Canned ❑ Dry Amount per **day** _____ cups _____cans

Do you feed your pet treats? ❑ Yes ❑ No

If yes, what is the name of the treats? ________________ Number of treats given per day:_________

Please estimate what percentage of your pet's food intake is treats:__________________%

Do you feed your pet human food/table scraps? ❑ Yes ❑ No

If yes, what types of foods does is your pet most frequently fed? ____

Please estimate what percentage of your pet's food intake is human food:_____________%

When did your pet last eat? (check one) ❑ This morning ❑ This afternoon ❑ Tonight ❑ Last night ❑ Longer than 24 hours ago

❑ Check here if you feed your pet multiple different types of diets and treats.

Note: Please list the most frequently fed diets to the left.

Please list all medications given to your pet in the past 6 months. Please be as specific as possible. If you do not have this information available, please contact your family veterinarian to obtain this information	Name of medication	Dosage amount: If known, write the amount in milligram [mg] or microgram [µg or mcg]; check box if unknown	Frequency: Indicate once daily, twice daily, 3 times daily, 4 times daily, as needed	Date medication was started	Last time administered
		❑ don't know			
		❑ don't know			
		❑ don't know			
		❑ don't know			
		❑ don't know			
		❑ don't know			

Please describe in as much detail as possible the reason for your visit today. What problems is your pet having that you would like us to address?

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When did this/these problems start?____

Has your family veterinarian performed any diagnostic tests or prescribed any treatments to address this/these problem(s)? ❑ Yes ❑ No

If so, please describe the tests and interventions and indicate whether they resulted in improvement of this/these problem(s): ________________________

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Is your pet's water intake normal? ❑ Yes ❑ No; please describe: ______________________________

Has your pet been vomiting? ❑ No ❑ Yes; please describe the vomit by checking all options that apply:

❑ Foam ❑ Mucus ❑ Blood ❑ Bile ❑ Coffee ground-appearing material ❑ Dry heaves ❑ Undigested food

When did this vomiting start?______________________ How often is your pet vomiting?______________________

Is your pet breathing normally? ❑ Yes ❑ No; please describe:______________________________

Is your pet coughing or sneezing? ❑ No ❑ Yes, please describe:______________________________

Are your pet's urination habits normal? ❑ Yes ❑ No; please describe:______________________________

Are your pet's bowel movements normal? ❑ Yes ❑ No

If "no," please check each that apply: ❑ Constipated with firm bowel movements ❑ Diarrhea ❑ Bloody ❑ Mucus ❑ Black/tarry

If "no," also please check the one option that best describes the amount and frequency of bowel movements:

❑ Normal amounts and normal frequency ❑ Small amounts frequently ❑ Small amounts infrequently

❑ Large amounts frequently ❑ Large amounts infrequently