

# Medical History

Today's date \_\_\_\_\_

## Patient and client information

Pet's name \_\_\_\_\_ Client's name \_\_\_\_\_

Primary veterinarian \_\_\_\_\_

Approximately when was your pet last seen by your primary veterinarian? \_\_\_\_\_

Is your pet currently being treated for any medical conditions? Yes No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any medications or supplements your pet is currently receiving or has been given in the last two weeks.

Medication name	Dose	Frequency	Last Dose Given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your pet had any adverse reactions to medications, sedation or vaccinations? Yes No

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever been diagnosed with heart disease or a heart murmur? Yes No

Has your pet ever received a blood transfusion? Yes No

Has your pet had any previous surgeries, other than spay or neuter? Yes No

If yes, please describe what and when: \_\_\_\_\_

Has your pet had any previous illness, injuries or been hospitalized? Yes No

If yes, please describe what and when: \_\_\_\_\_

Has your pet been spayed or neutered? Yes No

If your female pet has not been spayed, when was her last heat cycle? \_\_\_\_\_

Has your pet ever been pregnant? Yes No

Is your pet currently pregnant or nursing? Yes No

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## Environment

**What is your pet's primary living environment?**      Indoor                      Outdoor                      Both

**Is your pet housed with other animals?**              Dogs                      Cats                      Other: \_\_\_\_\_

**Is your pet housed with children?**                      Yes                      No                      How old? \_\_\_\_\_

**Has your pet traveled or lived outside of North Carolina?**      Yes                      No                      If yes, where? \_\_\_\_\_

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## Diet

**What does your pet normally eat? (select all that apply)**      Canned                      Dry                      Table food

**What brand?** \_\_\_\_\_                      **How much?** \_\_\_\_\_

**How often?** \_\_\_\_\_                      **Food allergies?** \_\_\_\_\_

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## Preventatives

**Is your pet up to date on vaccinations?**                      Yes                      No                      Unsure

**Approximate date of last rabies vaccination:** \_\_\_\_\_

**Were the vaccines given in North Carolina?**                      Yes                      No                      Unsure                      If not, what state? \_\_\_\_\_

**Is your pet currently taking heartworm prevention?**                      Yes                      No                      Unsure                      What brand? \_\_\_\_\_

**Is your pet currently taking flea and tick prevention?**                      Yes                      No                      Unsure                      What brand? \_\_\_\_\_

**For cats, has your cat been tested for FeLV and FIV?**                      Yes                      No                      Unsure                      Results? \_\_\_\_\_

**For dogs, has your dog been tested in the last 12 months for heartworm disease?**                      Yes                      No                      Unsure                      Results? \_\_\_\_\_

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## Behavior

**Is there anything we should know about your pet's behavior or temperament? (i.e., known to intentionally bite or scratch, has anxiety, needs to be muzzled for veterinary visits, etc.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is there anything else we should know about your pet's behavior?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Medical History

Reason for today's visit: \_\_\_\_\_

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## Symptoms review (Please select all that apply to your pet at this time)

When did your pet last eat a full meal? \_\_\_\_\_

When did your pet last eat anything? \_\_\_\_\_

How much did they eat? \_\_\_\_\_

**Appetite changes**      Loss of appetite                      Increased appetite                      No change

**Drinking changes**      Drinking less                      Drinking more                      No change

**Weight changes**      Weight loss                      Weight gain                      No change

How much? \_\_\_\_\_

Over what period of time? \_\_\_\_\_

**Urination**                      Increased frequency or volume      Blood or color change to urine      Not urinating or straining

**Excretion**                      Flatulence                      Diarrhea                      Straining to defecate                      Blood in stool

**Bleeding**                      Bleeding                      Bruises                      Masses

Where? \_\_\_\_\_

**Irritation**                      Scratching                      Redness                      Hives                      Swelling

Where? \_\_\_\_\_

**Pain**                      Yes                      No                      Unsure

Where? \_\_\_\_\_

**Additional symptoms**      Coughing, gagging or hacking      Sneezing or nasal congestion      Eye discharge                      Ear discomfort (shaking head)

Nasal discharge                      Noisy breathing                      Fast breathing                      Increased effort to breathe

Blue or purple tongue or gums      Lethargy or weakness                      Seizures                      Collapse

Limping                      Difficulty walking or standing      Incoordination                      Tremors

**Are there other symptoms your pet is experiencing?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_