Emergency Medical History

bluepearl™
specialty + emergency pet hospital
bluepearlvet.com

Today's date _____

Patient and client information

Patient number _____ **Age** _____

Pet's name _____ **Sex** _____

Client name _____ **Breed** _____

Primary veterinarian _____ **Species** _____

History of current problem

Primary problem or condition being evaluated today: _____

_____

When did the primary problem start? _____

Overall, primary problem has: ☐ Improved ☐ Stayed the same ☐ Worsened **Please explain:** _____

Has your pet received any previous treatments for the primary problem? ☐ Yes ☐ No **If yes, please explain:** _____

Any other concerns regarding your pet's health today? ☐ Yes ☐ No **If yes, please explain:** _____

What medications or treatments is your pet receiving?

Medication name	Dose	How often? Last time?	Given Today	Refill
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

What are your goals for today's visit? _____

What is your pet's current diet? _____ **When was your pet's last meal or treat?** _____

Pet's overall condition and symptoms? Check all that apply, and please write further description if appropriate.

Energy level	☐ Normal	☐ Slight Decrease	☐ Decreased	☐ Lethargic	
Appetite	☐ Normal	☐ Selective	☐ Decreased	☐ Not eating	
Thirst	☐ Normal	☐ Reduced	☐ Decreased		
Urination	☐ Normal	☐ Reduced	☐ Increased	☐ Change in color	
Bowel movements	☐ Normal	☐ Soft	☐ Loose	☐ Diarrhea	☐ Change in color
Nausea/vomiting	☐ None	☐ Hypersalivating	☐ Drooling	☐ Lip-smacking	☐ Vomiting
Pain/discomfort	☐ None	☐ Mild	☐ Moderate	☐ Severe	

Any other conditions or problems you are concerned about? _____

Additional comments _____

_____

Emergency Medicial History

bluepearl™
specialty + emergency pet hospital
bluepearlvet.com

Today's date _____

Patient and client information

Patient number _____ **Client name** _____

Pet's name _____

Past medical issues and preventive care

Does your pet have any chronic medical conditions? ☐ Yes ☐ No **(If yes, please list below)**

Condition or illness	Estimated start date	Status (check one) and current treatments, if any
_____	_____	☐ Same ☐ Better ☐ Worse _____
_____	_____	☐ Same ☐ Better ☐ Worse _____
_____	_____	☐ Same ☐ Better ☐ Worse _____
_____	_____	☐ Same ☐ Better ☐ Worse _____

Is your pet up to date on vaccinations? ☐ Yes ☐ No **When were your pet's last vaccinations?** _____

Does your pet get heartworm prevention? ☐ Yes ☐ No **Does your pet get flea and tick prevention?** ☐ Yes ☐ No

Does your pet spend time with other animals? ☐ Yes ☐ No **If yes, what animals?** _____

Has your pet lived or traveled outside of the Monterey Bay area? ☐ Yes ☐ No **If yes, where and when?** _____

Do you get pet care advice and/or does your pet receive care from anyone other than the veterinarian listed? ☐ Yes ☐ No

If yes, who? ☐ Pet store ☐ Family/friends ☐ Nutritionist ☐ Chiropractor ☐ Other: _____

Does your pet receive any treatments not prescribed by your veterinarian? ☐ Yes ☐ No

If yes, what? ☐ Vitamins ☐ Other nutrient supplements ☐ Herbs ☐ Extracts ☐ Massage ☐ Chiropractic ☐ Homeopathic
☐ Rieke ☐ Medications prescribed for another pet ☐ Human medications ☐ Other: _____

What else do you think we need to know? _____

Staff notes