

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? _____

Diet

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

What brand? _____ **How much?** _____

How often? _____ **Food allergies?** _____

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? _____

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?

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Reason for today's visit: _____

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?

