

## MEDICAL HISTORY/ HEALTH QUESTIONNAIRE

**Early diagnosis, prevention and wellness are the keys to longevity.** These questions are very important to you and your pet's health. They should be answered any time there is new problem and when your pet receives its vaccinations or physical exam. We realize you may have answered these questions before. Thank you for your help.

OWNERS NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PETS NAME \_\_\_\_\_ PHONE # AT WHICH WE MAY REACH YOU TODAY \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

PLEASE LIST REASON FOR VISIT TODAY \_\_\_\_\_

### *Please Circle*

MY PET STAYS: Inside Outside Both DOES YOUR PET HAVE CONTACT WITH OTHER ANIMALS? Yes No

### **PLEASE CHECK YES OR NO. IF YES, CIRCLE ANY PROBLEMS YOU HAVE NOTED:**

YES	NO	LIMPING, TROUBLE GETTING UP OR DOWN, PAIN, UNABLE TO WALK WHICH LEG? _____
YES	NO	SCRATCHING, ITCHING, CHEWING, LICKING, RUBBING, SCOOTING, HAIRLOSS, WHERE? _____
YES	NO	LUMPS, BUMPS, SWELLING, WHERE? _____
YES	NO	DEPRESSED, LISTLESS, LETHARGIC, NOT PLAYFUL AS USUAL
YES	NO	CHANGE IN APPETITE: INCREASED, DECREASED, NOT EATING, DIFFICULTY EATING, MOUTH PAIN
YES	NO	FAINTING, SEIZURES, WHEN AND HOW LONG? _____
YES	NO	DISCHARGE FROM EYES, EARS, OR NOSE: R / L
YES	NO	PROBLEMS HEARING, DISCHARGE FROM EAR, SHAKING HEAD, ODOR, HEAD TILT: R / L
YES	NO	CLOUDY EYES, EYE DISCHARGE, REDNESS, BLINDNESS, TEARING, PAIN, RUBBING: R / L
YES	NO	TIRING WITH EXERCISE, ABNORMAL HEARTRATE, PALE OR BLUE GUMS
YES	NO	COUGHING, SNEEZING, OR DIFFICULTY BREATHING, NASAL DISCHARGE, BLEEDING FROM NOSE
YES	NO	EXCESSIVE DRINKING OR URINATING
YES	NO	STRAINING TO URINATE, BLOODY URINE, DRIBBLING URINE, BEDWETTING
YES	NO	VOMITING BLOOD, FOOD, OR WATER, WEIGHT LOSS, DROOLING
YES	NO	DIARRHEA: BLOODY, CLEAR, WATERY, MUCOUS, STRAINING, WEIGHTLOSS
YES	NO	WEIGHT LOSS OR WEIGHT GAIN
YES	NO	DISORIENTED, CHANGE IN BEHAVIOR
YES	NO	VAGINAL DISCHARGE, ENLARGED MAMMARY GLANDS
YES	NO	FLEAS OR TICKS: WHICH FLEA PREVENTION IS YOUR PET ON? _____
YES	NO	INTESTINAL WORMS, DESCRIBE: _____
YES	NO	WHICH HEARTWORM PREVENTION IS YOUR PET ON? _____
YES	NO	IF YOUR PET IS OVER 8 YEARS OF AGE, HAVE WE CHECKED ITS BLOOD FOR LIVER DISEASE, KIDNEY DISEASE AND DIABETES WITHIN THE LAST YEAR?
YES	NO	IF YOUR PET IS OVER 8 YEARS OF AGE, HAVE WE XRAYED ITS CHEST WITHIN THE LAST YEAR?
YES	NO	IS YOUR PET SPAYED OR NEUTERED?
		WHAT BRAND OF FOOD DO YOU FEED YOUR PET? _____ CANNED OR DRY?

\* LIST ANY ONGOING MEDICAL PROBLEMS, PRIOR SURGERIES, & DIAGNOSTIC TESTS

\* PLEASE LIST ALL MEDICATIONS, INCLUDING OVER THE COUNTER MEDS YOUR PET IS TAKING:

\* PLEASE LIST ANY OTHER VETERINARY HOSPITALS WHERE YOUR PET HAS MEDICAL RECORDS OR

VACCINE HISTORY: \_\_\_\_\_

**So that we may thank you appropriately, please let us know if you have recently referred a patient to us.**

**If you were recently referred to us , whom may we thank?** \_\_\_\_\_