COMPREHENSIVE PET HISTORY

Chart #_____

Pet's Name:

Date:

Is your address & phone number still correct? [ ] Yes [ ] No
If first visit, is this your first pet? [ ] Yes [ ] No
Are you aware pet insurance is available? [ ] Yes [ ] No
Chief Complaint or Reason for Visit:

Has the pet been seen for same condition recently? [ ] Yes [ ] No (How Long: _____)
Are vaccinations up to date? [ ] Yes [ ] No
Is the pet spayed / neutered? [ ] Yes [ ] No
Has the pet been tested for internal parasites within past 6 months? [ ] Yes [ ] No
Is the pet on heartworm preventative? [ ] Yes [ ] No (Product Name: _____)
Have you seen the pet passing any worms? [ ] Yes [ ] No (Describe: _____)
Any injury or illness in past 30 days? [ ] Yes [ ] No (Describe: _____)
Does the pet have a history of having seizures? [ ] Yes [ ] No
Is the pet currently on any medications? [ ] Yes [ ] No (Describe: _____)
Is the pet allergic to any drugs/medications/vaccines? [ ] Yes [ ] No (List: _____)
You pet is: _____Indoors _____Outdoors _____Both
Other pets in household? _____Dogs _____Cats _____Exotics

DIET: _____ How many times per day do you feed your pet?_____ Amount fed?_____

PET TREATS: _____

Does the pet get table scraps? [ ] Yes [ ] No
Are there any food intolerances? [ ] Yes [ ] No
Did your pet eat this morning? [ ] Yes [ ] No
Appetite: [ ] Decreased [ ] Normal [ ] Increased
Weight: [ ] Loss [ ] Stable [ ] Gain
Water Consumption? [ ] Decreased [ ] Normal [ ] Increased
Bowel Movements? [ ] Constipated [ ] Normal [ ] Diarrhea (How long? _____)
Urination? [ ] Decreased [ ] Normal [ ] Increased Amount [ ] Increased Frequency
Straining to Urinate? [ ] Yes [ ] No
Vomiting? [ ] Yes [ ] No
Coughing? [ ] Yes [ ] No
Sneezing? [ ] Yes [ ] No
Gagging? [ ] Yes [ ] No
Any Listlessness? [ ] Yes [ ] No
Any Weakness? [ ] Yes [ ] No
Shaking Head? [ ] Yes [ ] No
Scratching? [ ] Yes [ ] No (Location: _____)
Significant Hair Loss? [ ] Yes [ ] No [ ] Patchy [ ] Generalized [ ] Excessive Shedding
Flea Control Used? [ ]Vectra 3D [ ]ProMeris [ ]Comfortis [ ]Program [ ]Revolution [ ]Sentinel [ ]Other:_____
Scooting? [ ] Yes [ ] No
Unusual Lumps or Bumps? [ ] Yes [ ] No
Bad Breath? [ ] Yes [ ] No
Unusual Discharge? [ ] Yes [ ] No (Location: _____)
Lameness? [ ] Yes [ ] No (Which Leg: [ ] RF [ ] LF [ ] RR [ ] LR
Difficulty Rising? [ ] Yes [ ] No After sleeping? [ ] Yes [ ] No; After Exercise? [ ] Yes [ ]No
Stiffness? [ ] Yes [ ] No
Any Behavioral Changes? [ ] Yes [ ] No (Describe: _____)
Do you wish to be present while the pet is examined? [ ] Yes [ ] No
Any other information we should know?