

# Patient History For Current Medical Problem

Owner: \_\_\_\_\_

Date: \_\_\_\_\_ Pet: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone # where you can be reached today: \_\_\_\_\_

Current Medical Problem/Symptoms: \_\_\_\_\_

When was problem first noticed? \_\_\_\_\_

Frequency/ Duration of Symptoms: \_\_\_\_\_

Are symptoms getting worse/ better/ same, explain: \_\_\_\_\_

Please **DESCRIBE** any of the following including frequency/ duration/severity:

Change in Urination: \_\_\_\_\_

Change in Stools (ex. Constipation/Diarrhea): \_\_\_\_\_

Has there been any diet change? : \_\_\_\_\_

What are you feeding? : \_\_\_\_\_

Is your pet eating/drinking normally?: \_\_\_\_\_

Has there been any vomiting? : \_\_\_\_\_

Is vomiting associated with eating? : Yes No What does vomit consist of? : \_\_\_\_\_

Any coughing/sneezing/discharge? : \_\_\_\_\_

Is your pet lethargic or depressed? : \_\_\_\_\_

Describe any lameness if present: \_\_\_\_\_

Is your pet painful to the touch? Where? : \_\_\_\_\_

Has your pet been in contact with any unknown animals/foreign or toxic substances? \_\_\_\_\_

Are there other pets in the home? \_\_\_\_\_

Have other pets exhibited same symptoms? \_\_\_\_\_

Are all animals in the home properly vaccinated? \_\_\_\_\_

## **If you are leaving your pet with us:**

- 1) We **MUST** be able to reach you by phone, so provide any and all numbers necessary.
- 2) Please call the clinic by 2pm if you have not already heard from us.

Thank You

**\*\*\*I authorize basic blood/lab work and radiographs should the doctor find it necessary to diagnose my pet's condition\*\*\***

**I am leaving a deposit in the amount of:** \_\_\_\_\_

Owner's Signature \_\_\_\_\_