



## Day Patient History

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Complaint or Reason for Visit: \_\_\_\_\_

DIET: \_\_\_\_\_ How many times a day do you feed your pet? \_\_\_\_\_

PET TREATS: \_\_\_\_\_

How many hours a day does your pet spend outside? \_\_\_\_\_

Is your pet leash walked outside or do you have a fenced backyard? \_\_\_\_\_

Does your pet chase squirrels, rabbits, and/or small rodents outside? \_\_\_\_\_

Has your pet been seen for same condition recently?  Yes  No (How long ago: \_\_\_\_\_)

Is your pet on a monthly heartworm preventative?  Yes  No Type: \_\_\_\_\_

Is your pet on a monthly flea preventative  Yes  No Type: \_\_\_\_\_

Any injury or illness in past 30 days?  Yes  No (Describe: \_\_\_\_\_)

Does your pet have a history of having seizures?  Yes  No

Is your pet currently on any medications?  Yes  No (Describe: \_\_\_\_\_)

Is your pet allergic to any drugs/medications?  Yes  No (List: \_\_\_\_\_)

Appetite:  Increased  Normal  Decreased

Weight:  Loss  Gain  Stable

Water Consumption?  Increased  Normal  Decrease

Bowel Movements?  Constipated  Normal  Diarrhea (How long? \_\_\_\_\_)

Urination?  Increased  Normal  Increased Amount  Increased Freq.

Straining to Urinate?  Yes  No

Vomiting?  Yes  No

Coughing/ Sneezing?  Yes  No

Gagging?  Yes  No

Any Listlessness/Weakness?  Yes  No

Shaking Head?  Yes  No

Scratching?  Yes  No (Location: \_\_\_\_\_)

Significant Hair Loss?  Yes  No  Patchy  Generalized  Excessive Shedding

Scoting?  Yes  No

Unusual Lumps or Bumps?  Yes  No (Location: \_\_\_\_\_)

Bad Breath?  Yes  No

Unusual Discharge?  Yes  No (Location: \_\_\_\_\_)

Lameness/Stiffness ?  Yes  No (Which Leg:  RF  LF  RR  LR

Difficulty Rising?  Yes  No

After sleeping?  Yes  No

After Exercise?  Yes  No

Any Behavioral Changes?  Yes  No (Describe: \_\_\_\_\_)

Anything else we need to know? \_\_\_\_\_

After Examination by the Doctor, may we proceed with tests and/or treatment ?

Yes  No Call First ?

Where can we reach you today? \_\_\_\_\_

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_