

History Questionnaire

Date: _____

Pet Name: _____

Presenting Complaint: _____

Duration of signs _____ Are signs improving, worsening, or the same? _____

Has there been a similar problem in the past? _____

Any treatment tried so far? _____ Has treatment helped? _____

Does your pet live: Indoors Outdoors

Change in appetite? Increase Decrease No change

Change in water consumption? Increase Decrease No change

Change in urination habits? Increase Decrease No change

Vomiting? Yes No Frequency _____.

Material vomited (food, bile, mucus, etc) _____.

Any blood present? _____.

Diarrhea? Yes No Frequency _____.

Consistency (liquid, formed, semi-formed, etc.) _____.

Any blood present? _____.

Coughing or sneezing? Yes No Frequency? _____.

Change in activity level? Increase Decrease No change

Behavioral changes? _____.

Any recent diet change? Yes No Current Diet: _____ Previous Diet: _____

What medications is your pet currently taking? (heartworm, ascriptin, antibiotics, flea preventative, etc) _____

When was the last dose given? _____

Has your pet ever had an allergic reaction to any vaccines, medications, or anesthetics? _____

Does your pet have any major medical problems? (seizures, diabetes, hypothyroidism, heart murmur, etc)

If recommended, may we perform: blood **work**? Yes No Contact first **x-rays**? Yes No Contact first

Would you prefer to be contacted prior to beginning treatments? Yes No

Client signature: _____ Contact Phone Number: _____