PATIENT HEALTH HISTORY FORM

Client:____________________ Date:_________

An important part of the medical evaluation is an accurate history. Please take a few moments to complete this questionnaire. Please fill out 1 form for each pet that will be having an exam today. Do your best to answer all of the questions you can. The more information that we have, the better care we can provide for your pet. Additional information may be requested during consultation by the veterinarian.

Patient Name: ____________________ **Species**: Dog / Cat / ________ **Sex**: ❑M ❑F **Spayed/neutered?** ❑Yes ❑ No **Age**: ______ **Date of Birth** (if known): ____________ **Breed**: ____________ **Color/ Markings**____________________ **Microchipped**? ❑No ❑Yes, #_______________

What is the primary reason(s) you are seeking veterinary medical attention for your pet today? _______________

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Vaccinations:

Has your pet ever been vaccinated? ❑No ❑Yes; If yes, please provide/attach vaccine records.

Date of Last Rabies Vaccine: _______________________________

Environment:

My pet is ❑exclusively indoor ❑exclusively outdoor ❑both indoor + outdoor

Do you take your pet camping/hiking/fishing/boating/groomer/dog parks? ❑ Yes ❑No

Are there other pets in the house? ❑No ❑Yes (list species and age)____

Are there young children present in the house? ❑ Yes ❑No

Has your pet previously travelled? ❑No ❑Yes (describe)____

Flea/Tick/Heartworm/Deworming

Is your pet on flea/tick preventive? ❑No ❑Yes (brand?)____

If yes, last dose given? _____________________________

Is your pet on heartworm preventive? ❑No ❑Yes (brand?)____

If yes, last dose given? _____________________________

When was the last time your pet was dewormed? ❑Never ❑______________________

If dewormed - what product was used?: ______________________________

Last heartworm test? ❑Never ❑_______ Was it negative? ❑ Yes ❑No

For cats, has your cat ever had a leukemia/FIV test? ❑No ❑Yes, when?______________ Was it negative? ❑Yes ❑No

Grooming

When is the last time your pet was groomed?____

What grooming facility do you frequent (if any)? ____

How often does your pet get a bath? _____________

Dental

Do you brush your pet's teeth? ❑ No ❑Yes; if yes, when?______________________

Do you use dental products? ❑ No ❑Yes; if yes, what brand?______________________

Does your pet: ❑suffer from bad breath ❑ drop food/drool ❑experience difficulty eating ❑chews on one side

Food:
Your pet's diet is predominately ❑ dry food ❑wet/canned food ❑human food ❑combination
What brand of food? ____________________

What supplements/treats do you give your pet: ____________________

Does your pet get table scraps? ❑ Yes ❑No
How often does your pet get treats ❑once per day ❑multiple times per day ❑weekly ❑monthly
Recently has your pet's appetite ❑decreased ❑increased ❑stayed the same
What about your pet's water consumption? ❑decreased ❑increased ❑stayed the same
When did your pet last eat? __________ Was it a normal amount? ❑No ❑Yes

Is there anything else we should know about your pet's diet?____________________

Medications
Is your pet on any medications? ❑No ❑Yes; if yes please list them and the last time your pet has received a dose ______

____

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Does your pet have any known allergies? ____________________

Has your pet ever experienced an adverse event or allergic reaction to Vaccines, medications and/or sedation/ anesthesia? ❑No

❑Yes; please elaborate____________________

Labwork
Date of last bloodwork__________ ❑My pet has never had bloodwork done

Date of last radiograph/x-ray__________ ❑My pet has never had a x-ray

Date of last fecal analysis__________ ❑My pet has never had a fecal analysis

Date of last urinalysis __________ ❑My pet has never had an urinalysis

Last veterinary visit
❑This is my pet's first visit to a veterinary hospital/facility
❑This hospital
❑Another hospital. Please write the hospital/date/doctor/diagnosis and attach medical records.

____

Please check any signs/symptoms you have noticed recently about your pet:
❑ Bad Breath
❑ Behavioral Problems
❑ Bleeding gums
❑ Breathing problems
❑ Coughing
❑ Diarrhea
❑ Ear Issues
❑ Eye Discharge/Swelling
❑ Eyes bulging/bloodshot
❑ Fainting
❑ Fleas/ticks
❑ Gagging
❑ Hair loss
❑ Increased thirst
❑ Increased urination
❑Lack of appetite
❑Limping/stiffness
❑Loss of balance
❑Lumps/bumps
❑Scooting
❑Scratching, score? ________ (1 to 10, 10 being really bad)
❑Seems depressed
❑Seizures
❑Shaking head
❑Spraying house/yard
❑Sneezing
❑Vomiting
❑Weakness
❑Weight problems ❑increased ❑decreased
❑Other

____

Has your pet ever had a history of injury, trauma, or been diagnosed with a medical illness? ❑ No ❑Yes, elaborate:

____

Temperament:

Describe your pet's normal temperament? ____

How and where does your pet travel in the car? (carrier/seatbelt/loose/box/etc.) ______________________________

Do you use any anxiety supplements/medications? ❑No ❑Yes; elaborate ________________________________

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My pet prefers ❑female veterinary staff ❑ male veterinary staff ❑ no preference/unknown

Has your pet ever exhibited aggressive tendencies towards other pets? ❑No ❑Yes

Has your pet ever exhibited aggressive tendencies towards people? ❑No ❑Yes

How would you describe your pet around other animals and people?________________________________

Does your pet have any sensitive areas that s/he does not like to have touched by you or others? _______________

____

Are there any procedures that you have been told seem difficult to perform on your pet? (nail trims, weight, temperature, ear exam, blood draw, etc.) and elaborate on how your pet reacted ________________________________

____

What is your pet's favorite toy(s); if any: ____

Check any situations below that your pet has shown avoidance or dislike of in the past.

❑ entering the vet hospital

❑ other pets/people passing by in reception/lobby

❑ waiting with other pets/people in reception/lobby

❑ being approached by veterinary staff

❑ getting on the scale for a weight

❑ hearing the doorbell/intercom/phones ringing

❑ loud voices during examination

❑ use of a stethoscope

❑ going into the exam room

❑ going into the treatment area

❑ sounds coming from the treatment area

❑ sounds of a clipper/shaver/trimmer

❑ being put up on an table for examination

❑ direct eye contact with veterinary personnel

❑ having a rectal temperature taken

❑ use of otoscope (tool to look in ears)

Anything else we need to know about your pet? ____

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