Patient History

Owner's Name ______________________ Address ______________________

Pet's Name ______________________ Species ☐ Cat ☐ Dog ☐ Other ____________

Pet's Age ________ Gender ☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No

Today's Date ______________________ How long have you owned your pet? ____________

Reason for Visit ☐ Preanesthetic Testing ☐ Two-Year Wellness Checkup ☐ Other ____________ (please explain)

☐ Spay/Neuter ☐ Dental

☐ Other ________________ (please explain)

1. Weight Gain ___ Loss ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
2. Appetite Increase ___ Decrease ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
3. Vomiting ___ Diarrhea ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
4. Constipation/Difficult Defecation	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
5. Increased Drinking ___ Urination ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
6. Lumps/Tumors ___ Skin Problems ___ Describe ________________	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
7. Bad Breath/Sore Gums/Difficulty Chewing	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
8. Decreased Awareness–Gets Confused/Lost	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
9. House Soiling ___ Spraying ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
10. Decreased Recognition of People/Animals or Previously Learned Commands	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
11. Decreased Affection/Interaction with Owner	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
12. Chewing/Licking/Eating Non-Food Items	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
13. Increased Irritability ___ Aggression ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
14. Increased Fear ___ Anxiety ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
15. Decreased Tolerance of Handling	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
16. Decreased Hearing or Selective Hearing	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
17. Repetitive Behaviors (i.e., pacing/grooming)	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
18. Decreased Grooming or Self-Care	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
19. Muscle Tremors ___ Shaking ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
20. Weakness ___ Uncoordination ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
21. Difficulty Climbing Stairs/Increased Stiffness	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
22. Decreased Activity—Sleeps More	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
23. Excessive Vocalization: Day ___ Night ___	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
24. Waking Owners at Night	☐ none	☐ mild	☐ moderate	☐ severe	☐ How Long? ________
25. Other Problems/Concerns	☐ none	☐ yes (explain) ________________			☐ How Long? ________
26. Medications	☐ none	☐ yes (explain) ________________			☐ How Long? ________
27. Existing Medical Problems	☐ none	☐ yes (explain) ________________			☐ How Long? ________

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