

Pet's name: \_\_\_\_\_

Owner's last name: \_\_\_\_\_

# Dentistry and Oral Surgery

## PATIENT HISTORY

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Briefly describe problem/complaint: \_\_\_\_\_

Please <b>check yes or no</b> to the following questions			YES	NO
1.)	Is your pet current on <b>all</b> vaccines?			
2.)	Has your pet ever had a seizure?			
3.)	Has your pet had any problems with sedation or anesthesia?			
4.)	Has your pet had a diagnosis of a heart murmur or heart disease?			
5.)	Does your pet have any nasal discharge?			
6.)	Does your pet sneeze?			
7.)	Does your pet cough?			
8.)	Does your pet paw or rub their face?			
9.)	Does your pet have bad breath?			
11.)	Does your pet have any drooling?			
12.)	Does your pet chew slower?			
13.)	Has your pet had previous dental cleanings? (if yes, when _____ )			
14.)	Has your pet had previous dental extractions?			
15.)	Has your pet had previous endodontic procedures (i.e. root canal treatment, vital pulpotomy)?			
16.)	Has your pet had previous oral surgery?			
17.)	Does your pet have access to meat bones, antlers, hard chews, other? (if yes, circle those which apply)			
18.)	Do you brush your pet's teeth daily?			
19.)	Do you use any home care products on your pet's teeth?			
20.)	Has your pet had any previous orthopedic (bone) surgeries?			
21.)	Please list any other medical problems:			
22.)	Is your pet <b>INDOOR/ OUTDOOR / BOTH</b> ?			
23.)	Have there been an <b>INCREASE / DECREASE / NO CHANGE</b> in your pet's <u>energy level</u> ?			
24.)	Have there been an <b>INCREASE / DECREASE / NO CHANGE</b> in your pet's <u>appetite</u> ?			
25.)	Have there been an <b>INCREASE / DECREASE / NO CHANGE</b> in your pet's <u>water intake</u> ?			
26.)	Have there been an <b>INCREASE / DECREASE / NO CHANGE</b> in your pet's <u>urination</u> ?			
27.)	Please list diet/food eating:			
28.)	Any other concerns?			
29.)	Has your pet had a reaction/side effects from a medication? (if yes, please explain)			

CURRENT MEDICATIONS				
	NAME of MEDICATION	DOSE	HOW OFTEN?	When was it last given?
1.)				
2.)				
3.)				
4.)				

