

Pet's name: _____

Owner's last name: _____

INTERNAL MEDICINE

PATIENT HISTORY

Date: _____ Time: _____

Briefly describe problem/complaint: _____

Goals of today's visit: _____

Please check yes or no to the following questions (use back side of page to elaborate, if needed)			YES	NO
1.)	Is your pet current on all vaccines?			
2.)	Has your CAT been tested for FELV/FIV within the last year?			
3.)	Are there other pets in your household?			
4.)	Is your pet CURRENTLY receiving medication for flea/tick/heartworm prevention?			
5.)	Does your pet have access to table scraps/meat bones/ RAW meat? (if yes, circle those which apply)			
6.)	Has your pet traveled outside of the Pacific Northwest? (if yes, where? _____)			
7.)	Has your pet ever had a seizure? (if yes, how often? _____)			
8.)	Has your pet ever had a reaction/side effects from a medication? (if yes, please use back to explain)			
9.)	Has your pet had any urinary problems?			
10.)	Has your pet had access to RAW fish, rivers, lakes or streams? (if yes, circle those which apply)			

Please check yes or no to the following questions, elaborate if yes.			
1.)	Has your pet had any recent vomiting ?	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	How many times per day? When was the last episode?
2.)	Has your pet had any loose stools recently?	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	How often? When was the last time?
		YES <input type="checkbox"/>	Word that best describes the consistency? (ie: liquid, pancake batter, semi-formed but soft)
3.)	Has your pet had any coughing ?	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	How often? Briefly describe (ie: hacking, dry, wet)
		YES <input type="checkbox"/>	When was the last time?
4.)	Has your pet had any sneezing ?	NO <input type="checkbox"/>	
		YES <input type="checkbox"/>	How often? When was the last time?

PLEASE TURN OVER AND CONTINUE ON THE BACK ↩

INTERNAL MEDICINE

PATIENT HISTORY

Please circle the WORD that BEST describes your pet's RECENT ACTIVITY

- Is your pet **INDOOR/ OUTDOOR / BOTH?**
- Has there been an **INCREASE / DECREASE / NO CHANGE** in your pets energy level?
- Has there been an **INCREASE / DECREASE / NO CHANGE** in your pets appetite?
- Has there been an **INCREASE / DECREASE / NO CHANGE** in your pets water intake?
- Has there been an **INCREASE / DECREASE / NO CHANGE** in your pets urination?

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

How long have you had your pet? _____

What type of food is your pet currently eating? _____

Please list any previous medical or surgical problems: _____

Is there any additional information that you would like us to know?
