

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

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

**INTERNAL MEDICINE / ONCOLOGY**  
**PATIENT HISTORY**

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

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

Goals of today's visit: \_\_\_\_\_

Please <b>check yes or no</b> to the following questions (use bottom of page to elaborate, if needed)			YES	NO
1.)	Is your pet current on all vaccines?			
2.)	Has your <b>CAT</b> been tested for FELV/FIV within the last year?			
3.)	Are there other pets in your household?			
4.)	Is your pet <b>CURRENTLY</b> 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?			
8.)	Has your pet ever had a reaction/side effects from a medication?			
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 <b>check yes or no</b> to the following questions, elaborate if yes.				
1.)	Has your pet had any <b>recent vomiting</b> ?	<b>NO</b>	<input type="checkbox"/>	
		YES	<input type="checkbox"/>	How many times per day?
				When was the last episode?
2.)	Has your pet had any <b>loose stools</b> recently?	<b>NO</b>	<input type="checkbox"/>	
		YES	<input type="checkbox"/>	How often?
				When was the last time?
				Word that best describes the consistency? (ie: liquid, pancake batter, semi-formed but soft)
3.)	Has your pet had any <b>coughing</b> ?	<b>NO</b>	<input type="checkbox"/>	
		YES	<input type="checkbox"/>	How often?
				Briefly describe (ie: hacking, dry, wet )
				When was the last time?
4.)	Has your pet had any <b>sneezing</b> ?	<b>NO</b>	<input type="checkbox"/>	
		YES	<input type="checkbox"/>	How often?
				When was the last time?

**PLEASE TURN OVER AND CONTINUE ON THE BACK** ↩

# INTERNAL MEDICINE / ONCOLOGY

## 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_