EMERGENCY / CRITICAL CARE DEPARTMENT

PATIENT HISTORY

Date: _______________________________ Time: _______________________________

Problem/complaint: ___________________________________________________________

When did this problem start? __________________________________________________

Has your pet been treated for any medical or surgical problems previous to this visit? _______________

If yes, describe ______________________________________________________________________

How long have you owned your pet? _________________________________________________

Other pets in the household? ______________________________________________________

Is your pet:  female / male?  spayed or neutered?  
If not spayed when was her last heat? _________  Is she pregnant?  yes / no

When was your pet last vaccinated against viral diseases? ______________ Rabies? ______________

Cats only: Has your cat been tested for FELV/FIV?  yes / no  Results? ______________________________

Is your pet currently receiving medications to prevent heartworm/fleas/ticks?
Please list type of medication used ______________________________________________________

Is your pet indoor/outdoor/both__________  
If outdoors are they supervised? ______________

Do they have neighborhood access?  yes / no

Has your pet had access to raw fish?  yes / no  Access to garbage?  yes / no

What kind of food does your pet normally eat? _____________________________________________

Access to table scraps or meat bones?  yes / no  If yes please specify _____________________________

Has your pet traveled outside of the Pacific Northwest? _________________________________

When/where? _________________________________________________________________________

Is your pet currently taking any medications? (please include any pain medications, vitamins/supplements)
__________________________________________________________________________________

Has your pet ever had a reaction to or side effects from a medication? __________________________

__________________________________________________________________________________

Has your pet ever had a seizure?  yes / no

PLEASE TURN OVER AND CONTINUE ON THE BACK 🌈
The following questions are based on the last 24-48 hours

Has there been any change to your pet’s energy level or behavior recently? yes/no
If yes, please describe

Has there been an increase or decrease in your pet’s appetite recently? (circle one if applicable)

Has there been an increase or decrease in your pet’s water intake recently? (circle one if applicable)

Has your pet had any access to toxins: yes / no
Type/amount

Has your pet had any vomiting? yes / no
When did it start?
How often, how much?

Has your pet defecated? yes / no
When was the last normal stool?
Any diarrhea? yes / no
Any straining? yes / no
Any blood? yes / no

Does your pet have a history of urinary problems? yes / no
Is your pet urinating more frequently than normal? yes / no
Any straining to urinate? yes / no
Any blood in the urine or discoloration? yes / no

Is your pet coughing? yes / no
When did it start?
Describe

Is your pet sneezing? yes / no
When did it start?
Is there any nasal discharge or bleeding?