

PATIENT HISTORY

Patient Name: _____ Date: _____ Time: _____

Presenting complaint: _____

How long has the problem been going on/when did the problem start?: _____

How is your pet's energy level? _____

Describe your pet's urination (amount/frequency/color)? _____

When was your pet's last urination? _____

Describe your pet's defecation (how often/color/consistency). _____

When did your pet last defecate? _____

Is your pet vomiting? ___ How often? _____ When was last vomiting episode? _____

What does the vomit look like? _____

What does your pet eat (please describe all food and treats). _____

When was the last time your pet ate? _____ Please describe your pet's appetite. _____

Does your pet have any pre-existing medical conditions? ___ If so, please describe. _____

Please list all of the medications your pet is on (including heartworm/flea/tick preventative:

DRUG:

DOSE:

FREQUENCY:

DRUG:	DOSE:	FREQUENCY:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your pet indoors, outdoors, or both? _____

Are your pet's vaccines up to date (including rabies)?: _____

Does your pet live with other animals or has your pet been exposed to other animals recently? _____

If so, please list the other animals. _____

Has your pet been exposed to toxins, household medicines, or cleaning supplies? _____

If so, what?: _____

Are there any other conditions that your pet has that has not been answered by the previous questions?

If so, please describe. _____

Last healthy vet check up: _____

Has your cat been tested for FeLV/FIV: If so, when and what were the results?: _____

