



MEDICAL HISTORY FORM

Owner Name: _____

Pet Name: _____ Date: _____

Please briefly describe your main concerns today (Include when things started and if getting worse or better):

What does your pet eat? (please use brand names, dry vs. wet and include treats and table scraps)

Is your pet's appetite: Normal Decreased Absent
When & what did your pet last eat? _____

Has your pet's attitude been: Normal Quiet Depressed Over active
For how long? _____

Is your pet vomiting? Yes No
How many times daily? _____ When did it start? _____
Vomit is: foam food hair blood yellow fluid coffee grounds
 Other (please describe) _____

Does your pet have diarrhea? Yes No
How many times daily? _____ When did it start? _____
Diarrhea is: soft, mushy stool pea soup watery blood mucous
 Black and tarry other (describe) _____

Is your pet coughing? Yes No
How many times daily? _____ When did it start? _____
Is cough worse: with exercise at night when eats/drinks
Has your pet had contact with other animals in the past 2 weeks? _____

Is your pet sneezing? Yes No
How many times daily? _____ When did it start? _____
Does your pet sneeze: blood water mucous in violent fits

Is your pet drinking more than usual? Yes No
Is your pet urinating differently than usual? Yes No
Urination is: frequent small amounts large amounts bloody in unusual places
What treatments have already been attempted? _____

