Gunston & Dale City Animal Hospitals

MEDICAL HISTORY FORM

CLIENT NAME: _____ PET: _____ DATE: _____

Please check any of the following in which you have noticed since your pet's last exam:
Please feel free to use the back of this form, if necessary, to provide further details

☐ Significant change in overall activity level – increase/decrease.
When did this start? _____ Brief explanation: _____
_____

☐ Decreased alertness or awareness of surroundings

☐ Increased vocalization or restlessness at night

☐ Loss of house training/litter box training – urination, defecation or both?
When did this start? _____ Have amounts produced increased/decreased/ stayed the same?
Where in the house is pet soiling – floor, on beds or other furniture, which room? _____

☐ Change in weight – loss/gain; when did you first notice this? _____

☐ Lumps, bumps, growths – where? _____
When did you first notice this? _____ Has it changed in appearance since first noticing? ____
Brief explanation: _____

☐ Loss of fur, scratching excessively, scabs or flaking? Where on body? _____
When did you first notice this? _____

☐ Is pet on flea/tick/heartworm preventive? _____
Which product? Frontline Plus/Advantix//Interceptor/Sentinel/Heartgard
Other:_____

☐ Bad breath, trouble chewing hard food

☐ Difficulty seeing or hearing

☐ Sneezing, coughing, or gagging

☐ Trouble breathing, excessive panting – Brief explanation: _____
_____

☐ Weakness, tiring easily – when did this start? _____

☐ Change in appetite – increase/decrease; when did this start? _____

☐ Increased drinking and/or urination – when did this start? _____

☐ Straining to pass urine/stool – when did this start? _____ Blood in either? _____

☐ Limping, stiffness, walking/rising slowly – which leg? _____ when did this start? _____

☐ Fainting, collapsing, seizures – when did this start? Frequency of occurrences _____
Brief description of episodes: _____
_____

☐ Head shaking/digging at ears/ear odor – when did this start? _____

☐ Vomiting, especially episodes lasting more than one day
When did this start? _____ How often does it occur? _____ How much is produced? _____
When was the last occurrence of vomiting? _____

☐ Diarrhea, especially episodes lasting more than one day – when did this start? _____
How often does it occur? _____ How much is produced? _____

☐ What medications is your pet currently taking? _____

☐ What do you currently feed your pet? _____

☐ Other _____

Please use below to provide further information, if necessary.