PETNARIAN THE PET DOCTORS

Patient Information Worksheet

Directions: To aid in the doctor in reaching an accurate diagnosis, a complete background on your pet is essential. Please fill out the following questionnaire to the best of your ability using a ballpoint pen. When you are finished, return the form to the receptionist.

How long have you owned your pet?				
Where was your pet obtained?				
Where is your pet primarily kept?	☐ Out of doors	☐ In the house		
Is your pet allowed to roam free?	☐ Yes	☐ No		
Has your pet been boarded or hospitalized recently?	☐ Yes	☐ No	☐ Unknown	
Are there any other animals in your house hold? If yes, what?	☐ Yes	☐ No		
Has your pet's appetite either increased or decreased?	☐ Increased	☐ Decreased	☐ Stayed the same	
What time did your pet last eat?	☐ Yes	☐ No	☐ Unknown	
Has your pet lost or gained any weight recently?	☐ Yes	☐ No	☐ Unknown	
What is your pet's diet?	☐ Yes	☐ No	☐ Unknown	
How much & how often does your pet eat?	☐ Yes	☐ No	☐ Unknown	
Is your pet ever fed table food?	☐ Yes	☐ No	☐ Unknown	
Has your pet been treated for any major medical problems? If yes, what?	☐ Yes	☐ No	☐ Unknown	
If your pet is neutered, what was his/her age of alteration?	☐ Yes	☐ No	☐ Unknown	
Has your pet ever undergone surgery? If yes, what & when?	☐ Yes	☐ No	☐ Unknown	
If female & not neutered, when was her last heat?	☐ Yes	☐ No	☐ Unknown	
If female, has she had any litters? If yes, when?	☐ Yes	☐ No	☐ Unknown	
Is your pet now taking medication to prevent heartworm disease?	☐ Yes	☐ No	☐ Unknown	
Has your pet traveled out of state?	☐ Yes	☐ No	☐ Unknown	
Has your pet lost any stamina lately?	☐ Yes	☐ No	☐ Unknown	
Is your pet drinking more water than usual?	☐ Yes	☐ No	☐ Unknown	
Is your pet urinating more frequently than usual?	☐ Yes	☐ No	☐ Unknown	
Has your pet vomited frequently?	☐ Yes	☐ No	☐ Unknown	
Have there been any recent changes in your pet's bowel movements?	☐ Yes	☐ No	☐ Unknown	
Has your pet been scratching?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any seizures or convulsions?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any recent changes in attitude or behaviors?	☐ Yes	☐ No	☐ Unknown	
Does your pet shows any abnormal behavior with thunderstorms?	☐ Yes	☐ No	☐ Unknown	
Has there been any change in your pet's walking?	☐ Yes	☐ No	☐ Unknown	
Have you notices any abnormal swellings? If yes, where?	☐ Yes	☐ No	☐ Unknown	
If female, has your pet had any abnormal vaginal discharge?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any unusual/unexpected reactions to medications?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any discharge from the eyes or nose?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any coughing or breathing difficulty?	☐ Yes	☐ No	☐ Unknown	
Does your pet show aggression towards people or other animals?	☐ Yes	☐ No		
Does your pet bite?	☐ Yes	☐ No		
Please rate your pets pain using a scale from 1 to 5	☐ 1-No Pain	☐ 2	☐ 3	☐ 4 ☐ 5
Dog Vaccine History: Fecal Test_____ Heartworm Test_____ Rabies____ DA2PP_____ Bordetella_____ Lyme_____ Flu_____	Cat Vaccine History: Fecal Test_____ Felv/FIV Test_____ Rabies___ FVRCP_____ Leukemia_____ FIV____ FIP_____			