

Pet name: \_\_\_\_\_  
 Client Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### PATIENT INFORMATION WORKSHEET

**Directions:**

**A complete background on your pet is essential for an accurate diagnosis. Please fill out this questionnaire to the best of your ability.**

How long have you owned your pet? \_\_\_\_\_

Where was your pet obtained? \_\_\_\_\_

Is your pet kept primarily in the house or outdoors? . . . . .  Indoors  Outdoors

Is your pet allowed to roam free outdoors? . . . . .  Yes  No

Has your pet been boarded or hospitalized recently? . . . . .  Yes  No

Are there any other animals in your household? . . . . .  Yes  No

If yes, what? \_\_\_\_\_

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Has your pet's appetite changed? . . . . .  Yes  No

If yes, please indicate how changed: . . . . .  Increased  Decreased

Has your pet's weight changed? . . . . .  Yes  No

If yes, please indicate how changed: . . . . .  Gained  Lost

What is your pet's diet? \_\_\_\_\_

Is your pet ever fed table food? . . . . .  Yes  No

How much and how often does your pet eat? \_\_\_\_\_

Has your pet ever had any major medical problems? . . . . .  Yes  No

If yes, what? \_\_\_\_\_

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If your pet has been spayed/neutered, when? \_\_\_\_\_

Other than neuter/spay, has your pet ever undergone surgery? .  Yes  No

If yes, what & when? \_\_\_\_\_

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If female and not spayed, when was last heat? \_\_\_\_\_

If female, has she had any litters? . . . . .  Yes  No  Unknown

If yes, how many? \_\_\_\_\_

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If female, has your pet had any abnormal vaginal discharge? . . . .  Yes  No

Is your pet on heartworm prevention? . . . . .  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

Are there any 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 changes in attitude or behaviors? . . . .  Yes  No  Unknown

Has there been a change in your pet's walking? . . . . .  Yes  No  Unknown

Have you noticed any abnormal swellings? . . . . .  Yes  No  Unknown

If yes, where? \_\_\_\_\_

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Has your pet had any unusual reactions to medications? . . .  Yes  No  Unknown

Has your pet had any discharge from eyes or nose? . . . . .  Yes  No  Unknown

Has your pet had any coughing or breathing difficulty? . . . .  Yes  No  Unknown

Vaccination History *(please write date [mm/yy] of last vaccination, if known):*

Dog: Rabies \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_  
      DA2PP \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_  
      Kennel cough \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_

Cat: Rabies \_\_\_\_\_/\_\_\_\_\_  
      \_\_\_\_\_/\_\_\_\_\_  
      FVRCP \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_  
      FeLV \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_  
      FIV \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_  
      FIP \_\_\_\_\_/\_\_\_\_\_  
          \_\_\_\_\_/\_\_\_\_\_

Vaccination dates unknown but my pet is up-to-date on all vaccinations