

Medical History Form



Patient _____ Human Companion _____ Date _____

Chief Complaint (reason for visit) _____

When was this first noticed? _____

Is it getting better or worse? _____

Is there a time of day or activity in which it is worse? _____

<u>Current Medications</u>	Tablet size (mg) or Concentration (mg/ml):	Amount: (ie, # tabs, mls)	Frequency: (times/day)	Date started:	Reason started:	Response (+ or -):	Need refills ?:

Are there any other pets in your household? No if Yes, what species _____

Do any of your pet's genetic relatives have heart disease? No if Yes, what type? _____

Heartworm tested? No If Yes then when? _____ Results _____

Heartworm Preventative? No If Yes then what Brand _____
 Seasonal monthly Year-round monthly

Flea Preventative? No If Yes then what Brand _____

Date of last vaccinations? _____

Appetite: Normal Abnormal _____

Weight: Normal Weight loss Weight gain

Attitude/Energy: Normal Abnormal _____

Breathing: Normal Abnormal _____ Rate While Sleeping: _____/min

Any Coughing: No if Yes, then when did it start _____

Associated with activity: No if Yes, then which activity(ies) _____

Associated with a particular time of day: No if Yes, then what time(s) _____

Wet cough Dry cough

Any Weakness: No if Yes, then please describe _____

Any Collapse: No if Yes, then when and for how long _____

Any other extended history that we should be made aware of? _____

Are any general anesthetic events planned in the future? No If Yes, when _____

What procedure? _____

Cardiology Diet History Form

Patient _____ Human Companion _____ Date _____

1. **How is your pet's appetite?** Poor Fair Good Excellent Ravenous
2. **Has your pet ever been on a boutique/exotic/grain free/raw diet?** Yes No
3. **Does your pet have any known food allergies?** Yes No
4. **Please list all current pet foods, people food, treats, dental chews, rawhides, and anything else that your pet eats below.** Provide enough detail that we could buy the exact same food.

Food (include specific product and flavor):	Form:	Amount:	Frequency fed:	Fed since:
<i>Example: Purina ProPlan Rice and Salmon</i>	<i>Dry</i>	<i>1.5 cups</i>	<i>2x/day</i>	<i>Feb 2017</i>
<i>Example: 97% Lean Turkey</i>	<i>Microwave</i>	<i>4 oz</i>	<i>1x/week</i>	<i>December 2009</i>
<i>Example: Greenie Dental Chew</i>	<i>Treat</i>	<i>1</i>	<i>1x/every other day</i>	<i>June 2011</i>

5. **Do you give any supplements (vitamins, fatty acids, glucosamine, antioxidants, etc.) to your pet?**
 Yes No

If yes, please include specific brand:

Brand/Product:	Amount per day:
<i>Example: Nature Made/Fish Oil</i>	<i>500mg/day</i>
<i>Example: VetriScience/Multivitamin</i>	<i>2 chews/day</i>

6. **How do you administer medications?**
 N/A Directly in mouth In pets' food Treats/pill pockets In other food (list)