

Pet: \_\_\_\_\_

**Patient History**  
(Check All That Apply)

1. What is he or she coming in for?  Nausea/Vomiting  
 Limping  Not Eating  Other: \_\_\_\_\_  
\_\_\_\_\_

2. How long has the animal had this problem?  less than a week  
 more than a week  Other: \_\_\_\_\_  
\_\_\_\_\_

3. Any other unusual symptoms or behaviors?  
 peeing/pooping outside litter box  having accidents   
blood in stool  coughing  Other: \_\_\_\_\_  
\_\_\_\_\_

4. What is the animal's usual diet (what food do they eat)?:  
\_\_\_\_\_

5. Does this animal get any table food, scraps, etc.?  
 often  rarely  never  Other: \_\_\_\_\_  
\_\_\_\_\_

6. Is there any coughing, sneezing, discharge (from eyes or nose)?  no  yes; \_\_\_\_\_  
\_\_\_\_\_

7. Is he or she eating normally?  yes  no; \_\_\_\_\_  
\_\_\_\_\_

8. Is he or she drinking normally?  yes  no; \_\_\_\_\_

9. Is this animal on any prescribed medication?  no  yes

If yes, please list the drug(s) and dosage \_\_\_\_\_

10. Is the animal on any preventions (flea/tick, heartworm, etc.)?  no  yes

11. Has the animal traveled with you anywhere recently?

no  yes; \_\_\_\_\_

12. What is the animal's vaccination status?  up to date

overdue  unknown

13. What is the animal's percentage indoors vs. outdoors?

indoor only  outdoor only  Other: \_\_\_\_\_

14. Is there anything that this animal could have eaten?  
(poison, toy, trash etc.) \_\_\_\_\_

\_\_\_\_\_