

MEDICAL HISTORY

Date: _____

History:

Please describe your pet's medical and surgical history: _____

How would you characterize your pet's temperament? _____

Does your pet have a history of seizures? _____

Medications: [please provide a copy of your veterinarian's medical record pertinent to your pet's problem]

Vaccination history with dates: _____

Has your pet had any drug reactions/allergies? Y___ N___

If so, describe _____

Does your pet currently receive any medication? Y___ N___

If so list description and dosage _____

Symptoms:

Does your pet show any of the following signs: (please circle appropriate descriptions)

Chronic coughing/sneezing

Chronic vomiting/diarrhea

Runny eyes/nose

Exercise intolerance

Increased urinary frequency

Reason for consultation today: _____

Duration of the current problem: _____

Most recent blood work: _____

Most recent radiographs: _____

Orthopedic Problems: (please circle appropriate descriptions)

Lameness has come on suddenly/gradually

Lameness after resting is better/worse

Lameness after exercise is better/worse

Lameness after heavy exercise is better/worse

Duration of condition?

Anesthesia

When did your pet last have food or water? _____

Has your pet undergone anesthesia before? Y___ N___

Were there any complications? Y___ N___

If yes, please explain _____

Is there any other pertinent/additional information or problems that you feel we should know about?

If yes, please explain _____

Signature _____

(Owner or responsible agent)