



Healthy Practices.
Healthier Pets.



444 RT. 9W GLENMONT NY 12077 PHONE: (518) 434-7373 FAX: (518) 434-1618 E-MAIL: BETHVET@AOL.COM

HISTORY FORM FOR DOGS

Please Print, fill out in detail and bring with you when dropping your pet off for an exam.

Pet's Name: _____

Owner's Name: _____

Date form filled out: _____

History: Please provide as much information as you can. This will help us accurately diagnose and treat your pet. Please be as specific as possible (e.g. "right eye red and itchy for 3 days" rather than "eye problem").

1. Do you have any concerns about your pet's health today? _____

2. Other than flea/tick medication, any other medications, nutritional supplements or herbal medications given? No..... Yes List all include how often given and last time given. Please include eye or ear meds, medicated shampoos, prescription diets and any long term medications. _____

3. Coughing recently?..... No..... Yes If **Yes** then answer the following:
 When did coughing begin?_____ Worse at any time of the day or night (e.g. when sleeping, after exercise)?_____ Has he or she been boarded recently or groomed?_____
 Been exposed to any strange dogs like at the dog park?_____ Any additional comments about the cough?_____
4. Sneezing recently? No..... Yes If **Yes** then answer the following:
 When did the sneezing begin?_____ When your pet sneezes, is there any discharge?_____ If so, what color?_____ Has he or she been boarded or groomed recently?_____ Been exposed to any strange dogs eg. at the dog park?_____ Any additional comments about the sneezing? _____
5. Any difficulty breathing? No..... Yes If **Yes** then answer the following: When did you first notice? _____ Does your pet ever breathe with its mouth open? _____ Does your pet sound congested? _____ Do you hear your pet wheezing? _____
6. Any Eye or Nose discharge recently? No..... Yes If yes Eye or Nose

7. Vomiting recently? No..... Yes If **Yes** then answer the following: When did the vomiting begin?_____How many times has your pet vomited in the last 24 hours? _____ When was the last time he or she vomited?_____ What did he or she vomit first (e.g. water, bile, foam, food)?_____ Has any blood been seen in the vomit?_____ If yes, was the blood bright red or dark reddish-black? _____ Any chance your pet ate something he or she shouldn't have? _____ Any additional comments? _____
-
8. Diarrhea recently? No..... Yes If **Yes** then answer the following: When did diarrhea begin?_____ When was the last time your pet had diarrhea?_____ Does he or she strain when they have the diarrhea?_____ What color is the diarrhea? _____ Any clear, jelly-like mucous?_____ Has any blood been seen in the diarrhea?_____ If yes, was the blood bright red or dark red?_____ Any chance your pet ate something that they shouldn't have? Any additional comments? _____
-
9. Is your pet excessively thirsty? No..... Yes
10. Is your pet drinking enough water? No..... Yes
11. Is your pet urinating normal amounts? No..... Yes If **No** then answer the following: Is it more or less than normal?_____.
12. Is your pet urinating where he or she should? No.... Yes If **No** then answer the following: Is this a new problem?_____ Where is your pet urinating that they aren't supposed to?_____ Have you seen him or her pee recently?_____ Was there any straining? _____ Did the urine look normal?_____ Was there any blood in the urine? _____ Have you noticed your pet licking his or her privates more? _____
13. Did your pet eat this morning? No..... Yes
14. Is your pet eating normal amounts? No..... Yes If **No** then answer the following: How long has the appetite been abnormal?_____ Is he or she pickier or not eating at all?_____ If anything, what will your pet eat now? _____
15. What does your pet normally eat? Please be specific as to brands, etc. _____ How much and how often? _____
16. Is there any possibility your pet ingested or was exposed to a household chemical or toxin, or ate a rodent or plant? No..... Yes If **Yes**, please explain _____
-
17. Is your pet on heartworm preventative? No..... Yes
18. Is your pet excessively itching/scratching? No..... Yes If **Yes**, what areas on the body are most itchy? _____

19. Are your pet's ears bothering him or her? No..... Yes
If **Yes**, is it one or both ears? _____ Is one ear worse than the other?_____

20. Is your pet limping? ... No..... Yes If **Yes**, then answer the following: Which leg?
_____ How long has it been going on? _____ Is it worse after
resting/sleeping?_____

21. Any fleas or ticks recently? No..... Yes
If **Yes**, explain_____

For Office Use Only

Tech set up by: _____

Weight: _____ lbs **Last weight:** _____ lbs **Age:** _____

Temp: _____ **Pulse:** _____ **Respiration:** _____

Flea Check: none seen live dirt

Microchip: P / N _____