

# Patient History Form Page 1 of 2

Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_ Date \_\_\_\_\_

Have you, or anyone in your household experienced symptoms of Covid 19? Yes ☐ No ☐

If yes, when were symptoms first noted? \_\_\_\_\_

## General:

- What is your pet's current problem? (why are you here today?) \_\_\_\_\_
- When did you first notice signs? \_\_\_\_\_
- Is your pet indoors only? Yes ☐ No ☐ If not, please describe outdoor access (ie free reign, fenced yard, doggie door, on leash etc) \_\_\_\_\_
- Has your pet left Vancouver Island in the past 5 years? \_\_\_\_\_
- When was your pet last vaccinated/what vaccines were given? \_\_\_\_\_
- Has there been a change in your pet's activity level? Yes ☐ No ☐ Please describe (sleeps more, sleeps less, agitated, pacing etc) \_\_\_\_\_
- Does your pet have bad breath? Yes ☐ No ☐
- Difficulty chewing or sore gums? \_\_\_\_\_
- Do you notice any lumps or tumours? Yes ☐ No ☐ Where? \_\_\_\_\_
- Does your pet have a skin problem? Yes ☐ No ☐ - please refer to dermatological history form

## Current Medications/Supplements:

- Is your pet currently taking any medications or Supplements? Yes ☐ No ☐
- If yes, list all. \_\_\_\_\_
- Has he/she had them today? Yes ☐ No ☐ Time given: \_\_\_\_\_
- Are there any known allergies to any medications? \_\_\_\_\_

## Eating and Drinking:

- Has your pet's appetite changed recently and how long ago? \_\_\_\_\_
- Has there been any weight loss or gain that you know of? \_\_\_\_\_
- What does your pet normally eat? Brand? \_\_\_\_\_  
Wet\_ Dry\_ Combination\_ Amount? \_\_\_\_\_ cup/can Frequency? \_\_\_\_\_
- Any treats or human food? \_\_\_\_\_
- Is your pet normally a picky eater? Robust? Eats everything? \_\_\_\_\_
- Any food allergies? \_\_\_\_\_
- Have you noticed that your pet's water intake has changed recently? Yes ☐ No ☐ If yes, has it increased or decreased? \_\_\_\_\_
- Is your pet known to try and eat things it is not supposed to? \_\_\_\_\_

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## Elimination:

- Does your pet have diarrhea? Yes ☐ No ☐
- Consistency of stool? Hard ☐ Normal ☐ Soft icecream ☐ Cow pattie ☐ Firehose ☐
- Is there any straining during defecation? Yes ☐ No ☐
- Has your pet been vomiting? Yes ☐ No ☐ If yes, what is the frequency and consistency? (clear fluid, yellow bile, food, mucous, foam etc) \_\_\_\_\_
- Is there abdominal effort when producing vomit, or does it come up passively with little effort?  
\_\_\_\_\_
- Coughing or sneezing? Yes ☐ No ☐
- Nasal discharge? Yes ☐ No ☐ please describe which nostril, colour of discharge  
\_\_\_\_\_
- Is your pet urinating normally? Yes ☐ No ☐ If no, circle any that apply. Interrupted or weak stream?  
Small amounts frequently? Straining? Dribbling? Incontinence or urinating in inappropriate places?  
Other \_\_\_\_\_

## Gait:

- Is your pet walking normally? Limping? Which leg is he/she limping on? \_\_\_\_\_
- Is your pet "bunny hopping"? \_\_\_\_\_
- Is your pet stiff or sore after exercise? Upon waking up? \_\_\_\_\_

## Neurological:

- Does your pet have a history of seizure activity? Yes ☐ No ☐ If so, when and how often? \_\_\_\_\_
- Is your pet painful when handled or touched? Yes ☐ No ☐ Where? \_\_\_\_\_
- Is your pet weak or uncoordinated? Please describe \_\_\_\_\_
- Are there muscle tremors or shaking? Yes ☐ No ☐

Is there anything else we should know about your pet to provide the best care possible?