



New Patient Medical History Questionnaire

Please take a minute to completely fill out the questionnaire. The more we know about your pet, the better we can provide the best medical care.

Pet's name: _____ **Date:** _____

1. What is your primary concern about your pet today:

2. Is your pet current on vaccinations? Yes ___ No ___

3. Do you have pet insurance? Yes ___ No ___

4. What food does your pet eat? _____

5. Are there any lumps or bumps on your pet? Yes ___ No ___

If Yes... Where? _____

6. Has there been a recent change in your pet's behavior? Yes ___ No ___

If Yes... Describe _____

7. Has your pet been treated for any previous medical conditions or surgery?

If Yes...When and for what? _____

8. Is your pet in pain? Yes ___ No ___

9. Has your pet been hospitalized recently? Yes ___ No ___

If Yes... When? _____ Where? _____

Reason: _____

10. Has your pet's activity level changed recently? Yes ___ No ___

If Yes... Has it increased or decreased? _____

11. Has your pet's appetite recently changed? Yes ___ No ___

If Yes... Has it increased, decreased, not eating at all? _____

12. Has your pet's weight changed recently? Yes ___ No ___

If Yes... Has it increased or decreased? _____

13. Has your pet's water intake changed recently? Yes ___ No ___

If Yes... Has it increased or decreased? _____

14. Has your pet been vomiting recently? Yes ___ No ___

If Yes...Frequency: _____ per day/per week (please circle)

15. Has your pet's defecations changed recently? Yes ___ No ___

If Yes... Diarrhea, straining to defecate, blood in feces, mucus in feces? _____

16. Have your pet's urination habits changed recently? Yes ___ No ___

If Yes... Has it increased or decreased, straining to urinate, blood in urine? _____

17. How long have you owned your pet? _____

18. Where was your pet obtained? _____

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Pet's name: _____ **Date:** _____

Is your pet on any current medications? Yes ___ No ___

If Yes...Please list current medications

For Emergency Consults/Same Day Surgery Patients Only:

Was food withheld for today's visit? Yes ___ No ___

What time was your pet last Fed? _____

Additional comments:

Thank you for taking the time to fill out the questionnaire.

For Doctor/Tech use only

Wt: _____ **lb/kg** **Temp:** _____ **HR:** _____ **RR:** _____

CRT/MM: _____ **Pulse:** _____