

PATIENT HISTORY FORM



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VETERINARY
SPECIALTY HOSPITAL

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9706 Mockingbird Dr, Omaha, NE 68127
P: 402.614.9000 | F: 402.614.5445
midwestvetspecialists.com

Patient Label

SECTION 1: HOUSEHOLD AND MEDICAL HISTORY

For how long has your pet been with your family? _____

Where was your pet obtained? _____

Where is your pet housed predominantly?

☐ INDOOR ONLY ☐ OUTDOOR ONLY ☐ INDOOR/OUTDOOR

Are there other animals in your household?

☐ NO ☐ YES

If YES, please list the number & species:

What is your pet's diet?

Brand: _____

Amount fed PER MEAL: _____

Number of times fed per day: _____

Has your pet ever traveled outside of Nebraska/Iowa?

☐ NO ☐ YES

If YES, where and when did your pet travel?

Does your pet have any known allergies to medications and/or substances?

☐ NO ☐ YES

If YES, please describe:

Does your pet receive heartworm and/or tick preventative medications?

☐ NO ☐ YES

If YES, please list the BRAND and FREQUENCY OF ADMINISTRATION

Has your pet been spayed or neutered?

☐ NO

☐ YES

If YES, how old was your pet when it was spayed or neutered? _____

If female and NOT spayed, when was her last heat cycle? _____

If female and NOT spayed, has she had a litter?

☐ NO

☐ YES If YES, how many litters? _____

Does your pet have a history of any of the following health issues? (check all that apply)

☐ HEART DISEASE

☐ LIVER DISEASE

☐ EYE DISEASE

☐ LUNG DISEASE

☐ KIDNEY DISEASE

☐ BONE/JOINT DISEASE

☐ THYROID DISEASE

☐ HIGH BLOOD PRESSURE

☐ NERVOUS SYSTEM DISEASE

Please describe if you checked any boxes above:

SECTION 2: APPETITE & THIRST

Is your pet's APPETITE:

☐ INCREASED

☐ DECREASED

☐ UNCHANGED

If DECREASED/INCREASED, by what percentage has your pet's appetite changed? _____

If DECREASED/INCREASED, for how long has your pet's appetite been different? _____

Is your pet's THIRST:

☐ INCREASED

☐ DECREASED

☐ UNCHANGED

If DECREASED/INCREASED, for how long has your pet's appetite been different? _____

SECTION 3: DIARRHEA

Does your pet have diarrhea?

☐ NO

☐ YES

If YES, please answer the remaining questions in Section 3; if NO, go to Section 4.

For how long has your pet had diarrhea? _____

Does your pet posture to defecate normally?

☐ NO

☐ YES

Does your pet strain to defecate?

☐ NO

☐ YES

Please describe the consistency of your pet's feces (i.e.: watery, pudding-like, etc.)

What is the color of the stool (e.g. tan, brown)?

Does your pet's diarrhea have fresh blood in it (or has it since having diarrhea)?

☐ NO ☐ YES

Does your pet's diarrhea look black like tar (or has it since having diarrhea)?

☐ NO ☐ YES

Has your pet's food been changed within 1 week of the diarrhea starting?

☐ NO ☐ YES

SECTION 4: VOMITING

Is your pet vomiting?

☐ NO ☐ YES

If YES, please answer the remaining questions in Section 4; if NO, go to Section 5.

For how long has your pet been vomiting? _____

Has your pet's food been changed within 1 week of the diarrhea starting?

☐ NO ☐ YES

What does your pet's vomit look like (please check all that apply)?

☐ FOOD

☐ FOAM

☐ BILE (yellow / green fluid)

☐ FRESH BLOOD

☐ COFFEE GROUNDS-LIKE SUBSTANCE

SECTION 5: COUGHING

Is your pet coughing abnormally?

☐ NO ☐ YES

If YES, please answer the remaining questions in Section 5; if NO, go to Section 6.

For how long has your pet been coughing abnormally? _____

How many times a day does your pet cough? _____

How long does each coughing bout last? _____

When is your pet's cough worse?

☐ DURING THE DAY ☐ AT NIGHT

☐ TIME OF DAY DOESN'T MATTER

Is your pet's cough worse with exercise?

☐ NO ☐ YES

Describe your pet's cough (check all that apply):

☐ SOFT

☐ HARSH

☐ SOUNDS LIKE A GOOSE-HONK

☐ NON-PRODUCTIVE

☐ PRODUCTIVE

SECTION 6: NOSE PROBLEMS

Does your pet have nasal discharge?

☐ NO ☐ YES

If YES, please answer the remaining questions in Section 6; if NO, go to Section 7.

For how long has your pet has nasal discharge? _____

Describe your pet's nasal discharge (check all that apply):

☐ LEFT-SIDED

☐ RIGHT-SIDED

☐ GREEN/YELLOW

☐ CLEAR/WHITE

☐ BLOODY/BLOOD-TINGED

Is your pet sneezing more frequently than normal?

☐ NO ☐ YES

If YES, for how long has your pet been sneezing more frequently? _____

SECTION 7: BREATHING DIFFICULTY

Does your pet have difficulty breathing?

☐ NO ☐ YES

If YES, please answer the remaining questions in Section 7; if NO, go to Section 8.

When is your pet's breathing difficulty worse?

☐ DURING THE DAY ☐ AT NIGHT

☐ TIME OF DAY DOESN'T MATTER

Have you ever seen your pet's tongue or gums turn blue/grey?

☐ NO ☐ YES

Is your pet's breathing difficulty worse with exercise?

☐ NO ☐ YES

Has your pet ever collapse/fainted?

☐ NO ☐ YES

SECTION 8: ACTIVITY LEVEL

Is your pet currently more lethargic/inactive than usual?

☐ NO ☐ YES

If YES, for how long has your pet's activity level been abnormal? _____

SECTION 9: URINATION

Is your pet urinating normally?

☐ NO ☐ YES

If YES, please answer the remaining questions in Section 9; if NO, go to Section 10.

Does your pet posture to urinate normally?

☐ NO ☐ YES

Which of the following best describes your pet's urine stream?

- ☐ STEADY STREAM THROUGHOUT URINATION
- ☐ STARTS AS INTERMITTENT SPRUTS AND THEN BECOMES A STEADY STREAM
- ☐ STARTS AS A STEADY STREAM AND THEN BECOMES INTERMITTENT SPURTS
- ☐ NEVER DEVELOPS A STEADY URINE STREAM
- ☐ I DON'T KNOW

Does your pet ever dribble urine while walking around?

☐ NO ☐ YES

Do you ever find wet spots of urine where your pet lies down to rest and/or sleep?

☐ NO ☐ YES

SECTION 10 : ADDITIONAL INFORMATION

Has your pet ever had a seizure?

☐ NO ☐ YES

Described your pet's weight?

- ☐ UNCHANGED
- ☐ INCREASED
- ☐ DECREASED

If INCREASED/DECREASED, by how much has your pet's weight changed? _____

If INCREASED/DECREASED, over what time period has your pet's weight changed? _____

SECTION 11 : MEDICATIONS

Are you currently giving any prescription medications to your pet?

☐ NO

☐ YES

If YES, please list drugs, doses, and frequency of administration (do NOT simply tell us to refer to medical records from your pet's primary care doctor):

Are you currently giving any over-the-counter medications to your pet?

☐ NO

☐ YES

If YES, please list drugs, doses, and frequency of administration (do NOT simply tell us to refer to medical records from your pet's primary care doctor):

Are you currently giving your pet any herbal supplements, nutraceuticals, vitamins, or holistic medications?

☐ NO

☐ YES

If YES, please list drugs, doses, and frequency of administration (do NOT simply tell us to refer to medical records from your pet's primary care doctor):

SECTION 12 : ACKNOWLEDGEMENT

I am the owner/agent of the above-listed pet. I certify that all of the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____