



Patient History Form

NEW PET HISTORY (to BLSVH)

Client Name:

Species: K9 Feline

Other

Patient Name:

Breed:

Current Date:

Patient age or DOB:

Sex: M F Spayed/Neutered
Y

Duration Owned: Wks or mths

Age at adoption: Wks or mths
N

How/Where adopt: e.g., animal shelter, local breeding, named kennel, stray, etc.

Geographic origin: Born in AK, never outside of Alaska Born, adopted, or traveled outside AK Location(s)

DIET HISTORY

Diet Brand, Type, Variety, & daily amount of each food:

Dry Kibble Example Iams Lamb/Rice Large Breed Puppy, 2 cups daily divided into 4 meals

Dry Kibble

Can or Wet Example: Purina One Chicken/Rice Large Breed Puppy Canned, 2 tbsp over each dry meal

Can or Wet

Home-prepared meals &/or fresh, whole foods? Yes No

If so, describe ingredients, etc:

Describe daily treats (brand, flavor, size, amount, etc.):

Is human food allowed? Yes No

If so, describe foods:

Big Lake-Susitna Veterinary Hospital: NEW PET HISTORY continued

SPAY/NEUTER STATUS

- Intact presently If intact female, when was last heat cycle? Too young Unknown
- Already spayed (female) or neutered (male)
- Planning surgical sterilization when appropriate
- I am interested in surgical sterilization to avoid unwanted pregnancies, but wish to discuss options that would allow hormones to remain active for growth/development, or general health.

APPETITE & SWALLOWING

- Excellent appetite, normal chewing & swallowing Ravenous appetite, excessive/abnormal
- Acts interested in food, but turns away Tries to take in food, but drops food out of mouth
- Anorexia, no interest in food and refuses to eat Appears to have difficulty swallowing, as if gulping multiple times to swallow.

Describe abnormal observations:

ATTITUDE & BEHAVIOR (check all that apply)

- Normal – energetic, interactive, alert Excessive play-biting
- Depressed, lethargic Has shown aggressive tendencies under certain circumstances
- Cautious, shy Excessive exuberance, out of control behavior

Describe unusual, abnormal, or troublesome behavioral observations:

BOWEL MOVEMENTS

- Regular frequency, normal formed, normal color, easy to pass
- Diarrhea. Describe below (volume, frequency, color, mucous, blood, etc.)
- Constipation or straining. Describe below (hard, compact, firm, scant volume, etc.)
- Discolored bowel movements

Describe abnormal bowel movement observations:

WATER INTAKE

- Appropriate water intake volume
- Increased water intake compared to expected
- Sparse thirst or not drinking

Describe unusual or abnormal observations pertaining to thirst, water intake, etc:

URINATIONS

- Normal urination volume, frequency, color, urine stream, no straining
- Excessive urine volume, dilute urine
- Sparse urine volume
- Discolored urine. Describe below.
- Straining to urinate, frequent, urgent, small volume urination

Describe abnormal urination observations:

PARASITE CONTROL HISTORY

- Unknown parasite control history
- Fecal parasite exam and/or treatments done elsewhere (breeder, shelter, other, etc). Describe.
- Deworming medication last administered (timing, drug, dose, who gave, etc.):

HOUSING

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Indoors only | <input type="checkbox"/> Outdoor only | <input type="checkbox"/> Chain/runner outside |
| <input type="checkbox"/> Indoor/outdoor | <input type="checkbox"/> Fenced yard | <input type="checkbox"/> Free to roam |

Big Lake-Susitna Veterinary Hospital: NEW PET HISTORY continued

MEDICATIONS & SUPPLEMENTS

- Not currently taking any medications or supplements
- Taking *supplements*. Describe below.
- Taking *prescription medications*. Describe below.

Describe product, strength, dose, frequency of any medications or supplements:

VACCINATION STATUS

- Previous vaccines have been given, but not sure which ones or when last given.
- No previous vaccines have been given.
- Don't know if previous vaccines have been given.
- Previous vaccines were given and I have records to indicate which ones and when.

List dates and vaccines given:

Hint: Canine – DH(A)PP, Lepto, Bordetella, Rabies. Feline – FVR-C-P, FeLV, Rabies. Ferret – Rabies, Distemper.

OTHER PETS

- No other pets
- Other pets, but no exposure (separate housing, no contact)

List other pets (species, number, etc):

RESPIRATORY DISEASE EXPOSURE RISK

- No plans for regular grooming trips, boarding, day care, dog park
- Boarding, day care, dog park exposure anticipated
- Socialization classes, obedience class exposure anticipated
- Regular grooming visits anticipated

Comments

MEDICAL HISTORY

- No known health problems
- Previous health issues, but resolved currently. Describe below.
- Current health issues. Describe below.

Symptoms: Example: vomiting yellow fluid, diarrhea with mucous, coughing, sneezing, with clear watery nasal discharge

Onset/Duration time-frame: Example: Began two weeks ago and lasted for one week

Progression: Example: Improved over first week, but still not normal

Influencing factors: Example: Cough worst after lying down & rising, exercise, or during cold weather

Treatments to date & response:

GENERAL COMMENTS

Big Lake-Susitna Veterinary Hospital: NEW PET HISTORY continued

Click to email completed form to BLSVH. You will be prompted to either:

- 1) Use your desktop email program to email the document (i.e. - Outlook, Mail, etc.). Doing so will attach the document to an outgoing email using the settings configured in your default email program.
- 2) Use a web-based email account.
 - If you use a G-mail or Yahoo account, choosing this will open your email after entering email/password settings unique to your account, & create an email with the PDF attached. Just hit send!
 - If you use a different web-based email (eg GoDaddy, Juno, etc), you will need to enter two pieces of information. The "Outgoing server (SMTP)" and Incoming server (IMAP) are readily obtained from your email service, typically under the "Help" or generic "Information" tab of your email acct "set up center" after login.

Alternatively, if auto-submit fails to create an email or deliver the form, you can save the form to your computer and attach the document to an email. Send to <staff@blsvh.net>. Or, you can Print the form at home, and we can scan it to your record at the office.

- History completed by owner & submitted via web
- History completed by owner at office visit or printed at home
- History completed by office staff. Initials: