

OWNER'S SURVEY OF PET'S MEDICAL HISTORY

If you are unsure of the answer to any question, please leave it blank.

You can discuss any questions with the technician or doctor.

Owner's Name: _____ Pet's Name: _____

Has your pet had... (please circle yes, no or comment)

- | | | | |
|--|-----|----|-------|
| 1. Allergies to any medications, food, etc.? | YES | NO | _____ |
| 2. Is your pet strictly indoors? | YES | NO | _____ |
| 3. Rabies vaccinations within the last 3 years? | YES | NO | _____ |
| 4. Yearly vaccinations within the last year? | YES | NO | _____ |
| 5. Any anesthesia or sedation? | YES | NO | _____ |
| 6. Any previous medical illness? | YES | NO | _____ |
| 7. Any previous injury? | YES | NO | _____ |
| 8. Medication for a current medical problem? | YES | NO | _____ |
| 9. A recent medical examination? | YES | NO | _____ |
| 10. Any previous medical work-up or tests? | YES | NO | _____ |
| 11. Contact with an animal with a known illness? | YES | NO | _____ |
| 12. A pregnancy or heat period? | YES | NO | _____ |
| 13. A feline leukemia/FIV test (if a cat)? | YES | NO | _____ |
| 14. Any home remedies? | YES | NO | _____ |
| 15. Any aspirin, Tylenol, ibuprofen, etc.? | YES | NO | _____ |

Have you noticed any....

- | | | | |
|--|-----|----|-------|
| 16. Cough, shortness of breath, or tiring easily? | YES | NO | _____ |
| 17. Change in appetite or eating habits? | YES | NO | _____ |
| 18. Vomiting, diarrhea or constipation? | YES | NO | _____ |
| 19. Increased thirst or excessive urination? | YES | NO | _____ |
| 20. Blood in urine, stool or other discharge? | YES | NO | _____ |
| 21. Unusual attitude, fainting or seizure? | YES | NO | _____ |
| 22. Swelling, limping or pain on moving? | YES | NO | _____ |
| 23. Itching, hair loss, sneezing, eye/ear discharge? | YES | NO | _____ |
| 24. Any changes in weight? | YES | NO | _____ |

Other comments (You may use the back of this page as well) _____