



# DEERFIELD • ANIMAL • HOSPITAL

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PATIENT HISTORY FOR <Animal> <last-name>

File #: <folder>

Please circle any of the symptoms below your pet has experienced recently:

### Gastrointestinal system:

Vomiting yes or no If yes, when was the last time your pet vomited? \_\_\_\_\_

If yes, was it primarily food or bile/yellow liquid? (circle)

Diarrhea yes or no If yes, when was the last time your pet had a stool? \_\_\_\_\_

If yes, was the stool watery or just soft? (circle)

If yes, was there mucus in the stool?

If yes, was there blood in the stool? yes or no

If yes, describe color of blood: \_\_\_\_\_

Is your pet's appetite normal? yes or no

If no, is it increased or decreased? (circle)

If decreased, is your petting eating at all? yes or no

If decreased, will your pet eat if offered something other than its normal food? yes or no

Does your pet typically chew on objects other than food? yes or no (i.e. toys, chew bones, garbage, plastic, etc...)

If no, has your pet recently eaten food other than its own dog food? yes or no (i.e. table food, cat food, change in diet)

### Musculoskeletal system:

Is your pet lame? yes or no

If yes, which leg? (when facing the same direction as your pet) \_\_\_\_\_

Will your pet even bear weight on the leg? yes or no

How long has your pet been lame on this leg? \_\_\_\_\_

Is there any history of recent trauma or injury? yes or no

Has your pet been lame on this leg before? yes or no

If yes, when? \_\_\_\_\_

Does your pet have difficulty rising, climbing stairs or getting into a vehicle? yes or no

If yes, is it every time your pet gets up or only occasionally? (circle)

or only after resting/sleeping? yes or no

Is your pet experiencing pain in any other area? yes or no

If yes, where? \_\_\_\_\_

If yes, how long have you noticed this painful area? \_\_\_\_\_

### Ears:

Have you noticed any odor or discharge from your pet's ears? yes or no

If yes, when did you start noticing the odor or discharge? \_\_\_\_\_

### Skin:

Is your pet on Flea preventative? yes or no

If yes, what kind? \_\_\_\_\_

When was the last time it was applied? \_\_\_\_\_

Is your pet itching and scratching? yes or no

If yes, how long has your pet been scratching? \_\_\_\_\_

If yes, has your pet experienced this problem in the past? yes or no

If yes, during what time of the year does your pet usually have this problem? \_\_\_\_\_

Have you noticed any abnormal odors from your pet's skin? yes or no

If yes, when did you start noticing this odor? \_\_\_\_\_

Have you noticed any new lumps or bumps on your pet's skin? yes or no

If yes, where are the lumps located? \_\_\_\_\_

If yes, approximately what size is the lump? (the size of a pea, grape, pecan, golf ball etc...) \_\_\_\_\_

If yes, how long have you noticed the lump? \_\_\_\_\_

**Eyes:**

Have you noticed any discharge coming from your pet's eyes? yes or no

If yes, how long have you noticed the discharge? \_\_\_\_\_

If yes, is the discharge clear or cloudy? (circle)

Is the discharge clear/brownish or green/yellow? (circle)

Has your pet been squinting one or both eye(s)? yes or no

If yes, which eye? (when facing the same direction as your pet) right or left

If yes, how long have you noticed the squinting? \_\_\_\_\_

**Cough:**

Does your pet have a persistent cough? yes or no

If yes, how long has this cough been going on? \_\_\_\_\_

Does your pet cough more when he/she is excited? yes or no

Has your pet been boarded or groomed recently? yes or no

If yes, at what facility was your pet boarded or groomed? \_\_\_\_\_

Has your pet been vaccinated for Bordetella? (Kennel cough) yes or no

If yes, approximately when? Within the past 6 months past 1 year not sure (circle)

**Urinary:**

Has your pet experienced any change in urination? yes or no

If yes, has it increased or decreased in frequency? (circle one)

If yes, is your pet straining to urinate? yes or no

If yes, when was the last time your pet urinated? \_\_\_\_\_ (or urine noticed in litter box if a cat)

Have you noticed any blood in the urine? yes or no

Have you noticed any change in the odor of your pet's urine? yes or no

**Other:** Does your pet have any other symptoms not described above? yes or no

If yes, please describe the symptoms as thoroughly as possible:

**OWNER/AGENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_