SUNCOAST VETERINARY EMERGENCY & SPECIALTY CENTER

Patient History Form

Patient name: _____ **Date:** _____
(First) *(Last)*

Household history

1.	How long have you owned your pet? Or when did you adopt you pet?
2.	Is your pet primarily: Outdoor ☐ Indoor ☐ Both ☐
3.	Has your pet been boarded or hospitalized within the past month? Boarded ☐ Hospitalized ☐ Neither ☐ If so, for how long, where, and why?
4.	Do you have other pets? Yes ☐ No ☐ If so, how many and what type(s)?

Diet/Appetite/Vomiting

1.	What is your pet's primary diet? (brand, formula, home cooked, etc.)
2.	Has your pet's appetite changed recently? (increased, decreased, change in diet, etc.) If so what has changed?
3.	Have your pet's drinking habits changed recently? Yes ☐ No ☐ If so: More ☐ Less ☐
4.	Has your pet vomited recently? Yes ☐ No ☐ *If '**Yes**' please answer the remaining questions; if '**No**' continue to next section*
a.	How often does your pet vomit? (number of times per day/week/month)
b.	How long has your pet been vomiting? (days/weeks/months)
c.	What does your pet's vomit look like/contain?
d.	Has your pet's food been changed or have new foods been given (including treats) within 1 week of the vomiting starting? Yes ☐ No ☐

Eliminations

1.	Has your pet had diarrhea or abnormal stools recently? Yes ☐ No ☐ *If '**Yes**' please answer the remaining questions; if '**No**' continue to #2*
a.	Is the diarrhea and/or abnormal stool: Persistent (constant) ☐ Intermittent (goes away) ☐
b.	How long has your pet had diarrhea? (days/weeks/months)
c.	What is the character of the stool? Soft ☐ Watery ☐ Other ☐
d.	Is there mucous or blood in the stool?
2.	Has your pet had abnormal urinations recently? Yes ☐ No ☐ *If '**Yes**' please answer the remaining questions; if '**No**' continue to next section*
a.	Is there a change in frequency of urination? Increased ☐ Decreased ☐ If so, how often is your pet urinating? (number of times per day)
b.	Is your pet producing urine when he/she attempts to urinate? Yes ☐ No ☐ Not sure ☐
c.	Is there any blood or abnormal color to the urine?

Upper Respiratory/Nasal

1.	Has your pet had a nasal discharge? Yes ☐ No ☐ *If '**Yes**' please answer the remaining questions; if '**No**' continue to next section*
2.	What does the discharge look like? (yellow, blood tinged, etc.) Is the discharge coming from one or both nostrils?
3.	Has your pet been sneezing? Yes ☐ No ☐
4.	For how long has your pet been sneezing?
5.	How often does your pet sneeze: Persistent (constant) ☐ Intermittent (goes away) ☐

Please continue to questions on the other side of this page.

Patient name: _____ **Date:** _____
(First) *(Last)*

Cardiac/Respiratory/Breathing

1.	Has your pet been experiencing breathing difficulty? Yes☐ No☐ *If '**Yes**' please answer the remaining questions; if '**No**' continue to #2*
a.	How many times a day does your pet have breathing difficulty?
b.	Is your pet's breathing worse: During the day☐ At night☐ With exercise☐ At rest☐
2.	Has your pet been diagnosed with a heart murmur or heart condition? Yes☐ No☐ If so what grade or condition?
3.	Has your pet been coughing? Yes☐ No☐ *If '**Yes**' please answer the remaining questions; if '**No**' continue to next section*
a.	Is your pet coughing more frequently than usual? Yes☐ No☐
b.	How many times a day does your pet have a bout of coughing? How long does each bout last?
c.	For how long has your pet been coughing?
d.	Is your pet's cough worse: With exercise☐ At rest☐ At night☐ During the day☐

Activity/Additional information

1.	Is your pet lethargic? Yes☐ No☐ If so, how so, and for how long?
2.	Have you noticed that your pet is in pain? Yes☐ No☐ If yes where is your pet painful?
3.	Has your pet ever had a seizure? Yes☐ No☐ If so, how often and when did the seizures start?
4.	Recently, has your pet: Lost weight☐ Gained weight☐ Unchanged☐ If so, how much?
5.	Has your pet been diagnosed with any medical problem other than listed? Yes☐ No☐ If yes, what?

Please list any medications, supplements, AND monthly preventatives your pet is currently taking:	

Please list the vaccination history for your pet:

I hereby authorize Suncoast Veterinary Emergency & Specialty Center doctors and technicians/assistants to examine my pet and evaluate the condition it is being presented for. I am giving permission to muzzle or restrain my pet if it is fractious or threatens to bite, in order to prevent harm to my pet, the staff, the doctor, or myself.

Signature of Owner or Responsible Party _____

Date _____