



PLACE CLIENT/PET LABEL HERE
Pet's name: \_\_\_\_\_
Owner's last name: \_\_\_\_\_

EMERGENCY / CRITICAL CARE DEPARTMENT
PATIENT HISTORY

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Problem/complaint: \_\_\_\_\_

When did this problem start? \_\_\_\_\_

Has your pet been treated for any medical or surgical problems previous to this visit? \_\_\_\_\_

If yes, describe \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Other pets in the household? \_\_\_\_\_

Is your pet: female / male? spayed or neutered?

If not spayed when was her last heat? \_\_\_\_\_

Is she pregnant? yes / no

When was your pet last vaccinated against viral diseases? \_\_\_\_\_ Rabies? \_\_\_\_\_

Cats only: Has your cat been tested for FELV/FIV? yes / no Results? \_\_\_\_\_

Is your pet currently receiving medications to prevent heartworm/fleas/ticks?

Please list type of medication used \_\_\_\_\_

Is your pet indoor/outdoor/both \_\_\_\_\_

If outdoors are they supervised? \_\_\_\_\_

Do they have neighborhood access? yes / no

Has your pet had access to raw fish? yes/ no

Access to garbage? yes / no

What kind of food does your pet normally eat? \_\_\_\_\_

Access to table scraps or meat bones? yes / no If yes please specify \_\_\_\_\_

Has your pet traveled outside of the Pacific Northwest? \_\_\_\_\_

When/where? \_\_\_\_\_

Is your pet currently taking any medications? (please include any pain medications, vitamins/supplements)

\_\_\_\_\_

Has your pet ever had a reaction to or side effects from a medication? \_\_\_\_\_

\_\_\_\_\_

Has your pet ever had a seizure? yes / no

**The following questions are based on the last 24-48 hours**

Has there been any change to your pet's energy level or behavior recently? yes/no

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Has there been an increase or decrease in your pet's appetite recently? (circle one if applicable)

Has there been an increase or decrease in your pet's water intake recently? (circle one if applicable)

Has your pet had any access to toxins: yes / no                      When? \_\_\_\_\_

Type/amount \_\_\_\_\_

Has your pet had any vomiting?    yes / no

When did it start? \_\_\_\_\_

How often, how much? \_\_\_\_\_

Has your pet defecated? yes / no                      When was the last normal stool? \_\_\_\_\_

Any diarrhea? yes / no              Any straining? yes / no              Any blood? yes / no

Does your pet have a history of urinary problems?    yes / no

Is your pet urinating more frequently than normal? yes / no

Any straining to urinate?    yes / no

Any blood in the urine or discoloration? yes / no

Is your pet coughing? yes / no              When did it start? \_\_\_\_\_

Describe \_\_\_\_\_

Is your pet sneezing? yes / no                      When did it start? \_\_\_\_\_

Is there any nasal discharge or bleeding? \_\_\_\_\_