



## Animal Medical Specialists— Medical History

To aid us in reaching an accurate diagnosis, a complete background on your pet is essential. Please fill out all pages of the following questionnaire to the best of your ability.

Pet's Name:	
How long have you owned your pet?	
Where was your pet obtained?	
Is your pet kept primarily out-of-doors or in the house?	
Is your pet allowed to roam free?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet been boarded, hospitalized, or at the animal shelter recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
Are there any other animals in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what kind(s)?	
What does your pet eat?	
Approximately how much and how often does your pet eat?	
Is your pet ever fed tablescraps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what kinds of food?	
Prior to this illness, has your pet been treated for any major medical problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type and when?	
If your pet is neutered/spayed, what was his/her age when this surgery was performed?	
Has your pet undergone any other surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of surgery and when?	
If your pet is female and not spayed:	
When was her last heat cycle?	
Has she had any litters?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	
Is your pet now taking medication to prevent heartworm disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet traveled out of Colorado?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where and when?	
Has your pet's appetite increased or decreased recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No



### Animal Medical Specialists— Medical History Continued

<b>Vaccination History</b> — When was your pet last vaccinated against:	
<i>Dog:</i> Distemper/Hepatitis/Leptospirosis?	
Rabies?	
Parvovirus?	
<i>Cat:</i> Panleukopenia (feline distemper)?	
Rhinotracheitis/Calicivirus (respiratory viruses)?	
Has your pet lost stamina recently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet drinking more water than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet urinating more frequently than usual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet straining to urinate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any blood or discoloration of your pet's urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet been vomiting frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been recent changes in the frequency, amount or color of your pet's bowel movements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet straining to defecate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet been scratching/itching?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet had any seizures or convulsions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet shown any changes in attitude or behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet's walk changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you noticed any swelling or masses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?	
Is your pet is female, has there been any abnormal vaginal discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet had unusual/unexpected reactions to medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet had any discharge from the eyes or nose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet been sneezing excessively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet been coughing or showing difficulty breathing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your primary concern about your pet?	

**Thank you for completing this form. A thorough medical history is essential if proper therapy is to be administered to your pet.**