



**Veterinary Surgical Services- 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.

What are we seeing your pet for today?
Date the problem was first noticed: <span style="float: right;">Onset: <input type="checkbox"/> Sudden <input type="checkbox"/> Gradual</span>
Has problem changed or worsened since you first noticed it?
Has your pet had any blood work, X-rays, or other tests related to this problem?
What medications is your pet currently on?
Has your pet had any unusual/ unexpected reactions to medications or anesthesia?
Has your pet had any seizures or convulsions?
Does your pet have any other medical problems?
Select your pet's exercise level: <input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy
Has your pet's appetite increased or decreased recently? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your pet been drinking more water than usual? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your pet change bathroom habits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Has your pet shown any changes in attitude or behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has you pet been boarded, hospitalized or at the animal shelter recently? <input type="checkbox"/> Yes <input type="checkbox"/> No