

VRCC Surgery and Orthopedic Department New Patient Medical History

Please fill out all of the following questions to the best of your ability.

Patient Name: _____ Date: _____

1. What are we seeing your pet for today? _____

2. Date of onset of current condition/ First time mass was noticed: _____

3. Onset of injury (if applicable): Acute _____ Gradual _____

4. Has problem worsened or remained the same since initial onset _____

5. What is your pet's activity level? (previous and current activity) _____

6. Has your primary veterinarian assessed the problem? _____

Did they take radiographs? _____

Did they do diagnostics? (bloodwork, fine needle aspirates) _____

7. Any signs of (please circle all that apply):

Vomiting Diarrhea Coughing Sneezing

Change in Urination / Defecation Behavior/Attitude Change

Please explain any circled items: _____

8. Current diet (type, amount, frequency): _____

Has there been any change in appetite or water intake? _____

9. Are all vaccines up to date? _____

10. Any known allergies? (food, medication, environmental) _____

11. Any history of seizures or convulsions? _____

12. Please list and explain any major medical conditions (incontinence, diabetes, liver/kidney failure, surgeries etc.)

13. Please list all current medications or supplements: (dosage, frequency) _____

14. Has your pet had any unusual or unexpected reactions to medications or anesthesia?
Please explain. _____

15. Has your pet recently been at a boarding facility or animal shelter? If so, where? _____

16. Has your pet been outside of Colorado in the past year? If so, where? _____

17. Whom may we thank for your referral? _____