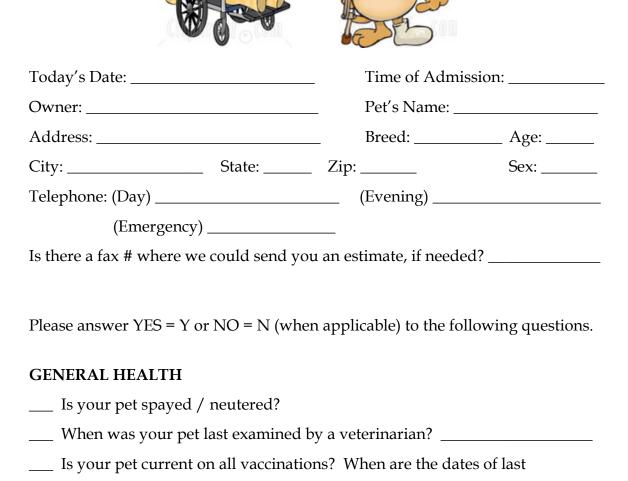
## **Goodland Veterinary Services**

7126 Hollister Ave. Goleta, CA 93117 (805) 685-4513

## PET MEDICAL HISTORY FORM

The following information is necessary so that we might serve you better and give you more personal attention, as well as to minimize mis-communications between you and this hospital. **Please fill out the form completely.** Filling out this form is in the best interest of your pet's health during its hospitalization or during the pre-operative, surgical and post-operative periods ahead. Thank you!



vaccinations?

Does you pet travel with you? Where?
Do you visit local or distant lakes, streams, or mountain areas? If yes,
where?
Are there any other pets in your household? What type?
ACTIVITY
Is your pet reluctant to jump up? If yes, when did this start?
Is your pet sick or in pain? If yes, explain:
Does your pet scream in pain, at times, when touched or moved?
Is your pet limping? If yes, which leg? How long?
Have you noticed any changes in your pet's energy levels? When did this
start?
"INS and OUTS"
Is your pet eating normally? If not, explain:
What does your pet eat?
Have you recently changed your pet's diet? If yes, when?
Is your pet drinking more than normal amounts of water? When did this
begin?
Has your pet eaten any food in the past 12 hours?
Is your pet having any diarrhea? If yes, when did it start?
Is your pet urinating more than normal? If yes, when did it start?
Does your pet strain to urinate? If yes, when did it start?
Does your pet strain to defecate? If yes, when did it start?
Does your pet have difficulty swallowing? If yes, when did it start?
Does you pet eat table food? Bones? Toys? Plants? If yes, when was the
last time you pet ate one of these items?

## INTERNAL MEDICINE

	Is your pet coughing? If yes, when did it start?
	How often? Is it productive?
n_	Is your pet sneezing? If yes, when did it start?
	How often? Does anything come out?
	Is your pet vomiting? If yes, when did it start?
	How often? What does it look like?
	Is your pet () losing or () gaining weight? If yes, when did it start?
	Does your pet have any history of seizures? If yes, explain:
	How often do seizures occur? When was the last seizure?
	Does your pet have any history of heart or lung disease? If yes, explain:
	TERNAL MEDICINE  Is your pet itching itself? If yes, where? And how long?  On a scale of 1 to 10, how bad is the itching?
	Have you noticed any () recent or () chronic eyes, ears, nose, throat, teeth or
	skin problems? If yes, explain: For how long?
	Does your pet swim or get bathed often? If yes, how often?  Explain:
	Explant.
ME	EDICATIONS
	Is your pet on any medication? If yes, please list all veterinary or human
	medications given in the past 14 days:
	Why is your pet on these medications?
	Is your pet on any oral supplements? What type?

D	Oo you use any type of flea control for your pet?
D	Ooes your pet have any known allergies to drugs or vaccinations? If yes,
W	vhat medications?
ETE	RINARY CARE
F	Ias your pet had any blood tests or x-rays in the past 3 months? If yes,
e	xplain where, why and what the doctor told you the findings were:
_	
_ H	las your pet ever had cancer? If yes, explain:
_ H	Has your pet ever been hit by a car or had any other type of major injury?
	yes, when? And, explain:
	Ooes your pet have any chronic illnesses? If yes, explain:
_	
_ H	las your pet ever had surgery or general anesthesia in the past? If yes,
e	xplain:
— Н	Ias your pet ever had any complications associated with having surgery in
	ne past? If yes, explain:
_	
_ c	Could your pet have had recent access to poisons (cleaning agents,
a	ntifreeze, fertilizer, human medications, etc.)? If yes, what?
Α	and when?