

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!



Today's Date: _____ Time of Admission: _____
Owner: _____ Pet's Name: _____
Address: _____ Breed: _____ Age: _____
City: _____ State: _____ Zip: _____ Sex: _____
Telephone: (Day) _____ (Evening) _____
(Emergency) _____

Is there a fax # where we could send you an estimate, if needed? _____

Please answer YES = Y or NO = N (when applicable) to the following questions.

GENERAL HEALTH

- ___ Is your pet spayed / neutered?
- ___ When was your pet last examined by a veterinarian? _____
- ___ Is your pet current on all vaccinations? When are the dates of last vaccinations? _____

- ___ Does your 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 your 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: _____

EXTERNAL 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: _____

MEDICATIONS

___ 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? _____

___ Do you use any type of flea control for your pet? _____

___ Does your pet have any known allergies to drugs or vaccinations? If yes,
what medications? _____

VETERINARY CARE

___ Has your pet had any blood tests or x-rays in the past 3 months? If yes,
explain where, why and what the doctor told you the findings were: _____

___ Has your pet ever had cancer? If yes, explain: _____

___ Has your pet ever been hit by a car or had any other type of major injury?
If yes, when? _____ And, explain: _____

___ Does your pet have any chronic illnesses? If yes, explain: _____

___ Has your pet ever had surgery or general anesthesia in the past? If yes,
explain: _____

___ Has your pet ever had any complications associated with having surgery in
the past? If yes, explain: _____

___ Could your pet have had recent access to poisons (cleaning agents,
antifreeze, fertilizer, human medications, etc.)? If yes, what? _____

And when? _____