Revised 10-20-2016

PURDUE UNIVERSITY

VETERINARY TEACHING HOSPITAL
625 Harrison Street
West Lafayette, IN 47907
(765) 494-1107

General History

Pet's Name:_____
Owner Name: _____
Date: _____

Patient Label

I. General Health

Your pet's activity level is	☐ Normal	☐ Increased	☐ Decreased
Your pet's water consumption is	☐ Normal	☐ Increased	☐ Decreased
Your pet's appetite is	☐ Normal	☐ Increased	☐ Decreased
Your pet is breathing	☐ Normally	☐ With more difficulty	
Your pet is coughing	☐ No	☐ Yes	
Your pet is sneezing	☐ No	☐ Yes	
Your pet is vomiting	☐ No	☐ Yes	
Your pet is defecating	☐ Normal	☐ Increased (diarrhea)	☐ Decreased (constipated)
Your pet is urinating	☐ Normal	☐ Increased	☐ Decreased

II. Adverse Reactions

			If yes:
Your pet had adverse drug reactions in the past	☐ No	☐ Yes	Drug/Vaccine Name: _____
Your pet had adverse effects from sedation or anesthesia	☐ No	☐ Yes	Date: _____
Your pet has received blood transfusions	☐ No	☐ Yes	Date: _____

III. Your Pet's Environment

When did you get your pet? _____

What does your pet do? (Check one) ☐ Pet ☐ Hunting/Sporting dog ☐ Working/Service dog

Approximate number of hours your pet spends outdoors per day? ○ <1hr ○ 2-4 ○ 4-8 ○ 8> ○ Always

Has your pet spent any significant amount of time in other areas of the country/world? ○ Yes ○ No

If so, Where: _____

Do you have other pets? ☐ **Yes** ☐ **No**

What type of pets? _____

How many? _____

Are they currently healthy? ☐ **Yes** ☐ **No**
If no, explain _____

IV. Your Pet's Nutrition

Does your pet have any known food allergies? ☐ **No** ☐ **Yes** **If yes, please list:** _____

What is your pet's diet? ☐ Canned ☐ Dry Type: _____ Amount per day: _____

V. Your Pet's De-Worming History

Most recent fecal testing Date: _____ ☐ Date unknown

◯ Never tested ◯ Positive ◯ Negative

Has your pet had de-worming treatment?

◯ Never treated ◯ Yes Name of product: _____ Treated: ◯ Annually ◯ Twice a year ◯ Monthly

VI. Your Pet's Heartworm Prevention History

Most recent heartworm test Date: _____ ☐ Date unknown

☐ Never tested ☐ Positive ☐ Negative

Is your pet currently on heartworm preventative medication?

☐ Never treated ☐ Yes Medication name: _____ Date last given: _____

VII. Your Pet's Immunization History

Dog	**Vaccine**	**Last Date Received**
	☐ Bordetella	
	☐ DHLPP	
	☐ Rabies	
	☐ Other:	
	☐ Don't know	

Cat	**Vaccine**	**Date Received**
	☐ FeLV	
	☐ Rabies	
	☐ FVRCP	
	☐ Other:	
	☐ Don't know	

Infectious Disease Testing

Has your cat been previously tested for FeLV? **Yes** ☐ **No** ☐ Date: _____ ◯ *Positive* ◯ *Negative*

Has your cat been previously tested for FIV? **Yes** ☐ **No** ☐ Date: _____ ◯ *Positive* ◯ *Negative*

VIII. Your Pet's Medical & Surgical History

Has your pet had any surgeries (*except spay/neuter*)? ☐ **No** ☐ **Yes** If yes, please list

Procedure	**Date**	**Clinic/Hospital**

Is your pet CURRENTLY receiving:

- Pain medication (e.g. tramadol, NSAIDs) ◯ **No** ◯ **Yes:** _____
- Antibiotics ◯ **No** ◯ **Yes:** _____
- Other drugs ◯ **No** ◯ **Yes:** _____

Has your pet received any other medications/supplements (glucosamine, chondroitin, omega-3 fatty acids, etc.) in the past TWO WEEKS?

☐**No** ☐**Yes: If Yes, please list** _____

Thank you again for completing this form. The information will be very helpful to us as we attempt to resolve your pet's problem. As a final reminder, please do not feed your pet **after 10:00 p.m. the night before your appointment**. Water is fine. IF your pet is very young, has special needs, or you have other reasons for concern about fasting, please call the VTH for further instructions.

IX. Has Your Pet Been Fasted?

☐**No** ☐**Yes If yes, when was the last meal given?**_____

_____

Presenting Owner Name **(Please Print)**