

METROPOLITAN VETERINARY ASSOCIATES

CELEBRATING 30 YEARS OF SPECIALIZED VETERINARY SERVICES AND 24 HOUR EMERGENCY CARE



Patient Name _____

Owner Name _____

Case # _____

Section 1: Household and Medical History

1a. How long have you owned your pet? _____

1b. Where was your pet obtained? _____

1c. Is your pet kept primarily... (Place an 'x' in the box)

☐ Outdoors ☐ Indoors ☐ Indoor ONLY (cats)

1d. Has your pet been boarded or hospitalized within the past month?

☐ Boarded ☐ Hospitalized ☐ Neither

1e. Are there any other animals in your household?

☐ Yes ☐ No

If yes, what? _____

1f. What do you feed your pet (brand, formula, home cooked ingredients?) _____

1g. How much do you feed your pet? _____

1h. How often do you feed your pet? _____

1i. Is your pet ever fed any treats including table scraps?

☐ Yes ☐ No

If yes, what types? _____

1j. Has your pet ever been spayed or neutered?

☐ Yes ☐ No

If yes, how old was your pet when it was spayed or neutered? _____

1k. Other than spaying or neutering, has your pet ever undergone surgery?

☐ Yes ☐ No

If yes, what and when? _____



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1l. If female and not spayed, when was her last heat? _____

1m. If female, has she had any litters?

☐ Yes ☐ No

If yes, when? _____

Section 2: Appetite

2a. Has your pet's appetite changed recently?

☐ Yes ☐ No

If 'Yes' please answer the remaining questions in Section 2; If 'No' go to Section 3.

2b. Has your pet's appetite...

☐ Increased ☐ Decreased

If decreased, what percentage of normal is your pet currently eating (0-99%)? _____

2c. How long has your pet's appetite been abnormal (months/days)? _____

Section 3: Diarrhea

3a. Has your pet had any diarrhea or abnormal stools recently?

☐ Yes ☐ No

If 'Yes' please answer the remaining questions in Section 3; If 'No' go to Section 4.

3b. Is the diarrhea and/or abnormal stool....

☐ Persistent (constant) ☐ Intermittent (it goes away sometimes)

If intermittent, how often?

☐ Daily ☐ Weekly ☐ Monthly ☐ Other _____

If daily, how many times a day? _____

3c. How long has your pet been having diarrhea (months/weeks/days)? _____

3d. What is the character of the stool?

☐ Watery ☐ Soft with shape ☐ Soft without shape ("cow-patty")

☐ Other (Please describe) _____

3e. Is there any mucous or fresh blood in the stools?

☐ Yes ☐ No

If yes, please quantify? _____

3f. What is the color of the stools (e.g. tan, brown, black / very dark)? _____

Is this the normal color of your pet's stools?

☐ Yes

☐ No

3g. Had your pet's food been changed or new foods given (including treats) within 1 week of the diarrhea starting?

☐ Yes

☐ No

Section 4: Vomiting

4a. Has your pet had any vomiting recently?

☐ Yes

☐ No

If 'Yes' please answer the remaining questions in Section 4; If 'No' go to Section 5.

4b. How often does your pet vomit (number of times per day/week/month)? _____

4c. How long has your pet been vomiting (months/days)? _____

4d. Does the vomit generally contain... (Please check all that apply)

☐ Digested food

☐ Undigested food

☐ Foamy

☐ Yellowish green (bile)

☐ Red / fresh blood

☐ "Coffee grounds" appearance

☐ Other

If other or more description required, please explain _____

4e. Had your pet's food been changed or new foods given (including treats) within 1 week of the vomiting starting?

☐ Yes

☐ No

Section 5: Coughing

5a. Has your pet been coughing?

☐ Yes

☐ No

If 'Yes' please answer the remaining questions in Section 5; If 'No' go to Section 6.

5b. Is your pet coughing more frequently than usual?

☐ Yes

☐ No

5c. How many times a day does your pet have a coughing bout? _____

5d. How long does each coughing bout last? _____

5e. How long has your pet been coughing (months/days)? _____

5f. Is your pet's coughing worse...

☐ During the Day

☐ At Night

☐ Same



- 5g. Is your pet's coughing worse...
[] With Exercise [] At Rest [] Same
- 5h. Is your pet's cough...
[] Soft [] Harsh
- 5i. Does your pet's cough sound like a goose honk?
[] Yes [] No
- 5j. Is your pet's cough...
[] Productive [] Non-Productive

Section 6: Nasal Problems

- 6a. Has your pet had any nasal discharge?
[] Yes [] No
If yes, please describe (blood, color, consistency)? _____
- 6b. Has your pet been sneezing?
[] Yes [] No

If 'Yes' please answer the remaining questions in Section 6; If 'No' go to Section 7.

- 6c. Is your pet sneezing more frequently than usual?
[] Yes [] No
- 6d. How many times a day does your pet sneeze? _____
- 6e. How long has your pet been sneezing (months/days)? _____

Section 7: Breathing Difficulty

- 7a. Has your pet been experiencing any breathing difficulty?
[] Yes [] No

If 'Yes' please answer the remaining questions in Section 7; If 'No' go to Section 8.

- 7b. How many times a day does your pet have difficulty breathing? _____
- 7c. Is your pet's breathing worse...
[] During the Day [] At Night [] Same
- 7d. Is your pet's breathing worse...
[] With Exercise [] At Rest [] Same
- 7e. Does your pet's tongue or gums ever turn blue?
[] Yes [] No
If yes, how often? _____
If yes, when? _____

Section 8: Activity Level

- 8a. Has your pet been more lethargic or not wanted to exercise lately?
☐ Yes ☐ No

If 'Yes' please answer the remaining questions in Section 8; If 'No' go to Section 9.

- 8b. What percentage of normal is your pet currently activity level (0-99%)? _____
- 8c. How long has your pet been lethargic (months/days)? _____

Section 9: Additional Information

- 9a. Has your pet ever had a seizure?
☐ Yes ☐ No
- 9b. Has your pet ever fainted?
☐ Yes ☐ No
- 9c. Recently, has your pet...
☐ Lost Weight ☐ Gained Weight ☐ Unchanged
If lost or gained, how much? _____
- 9d. Is your pet drinking more water than usual?
☐ Yes ☐ No
- 9e. Is your pet urinating larger volumes than usual?
☐ Yes ☐ No
- 9f. Has your pet needed to urinate more frequently, been straining to urinate, been dribbling or leaking urine, had discolored or abnormal smelling urine?
☐ Yes ☐ No
If yes, please describe the change: _____
- 9g. Has your pet had any change in attitude or behavior?
☐ Yes ☐ No
If yes, what is the change? _____
- 9h. Have you noticed any abdominal distention?
☐ Yes ☐ No
- 9i. Is your pet now taking medication to prevent heartworm disease?
☐ Yes ☐ No
If no, when did your pet last take heartworm medication? _____



9J. Has your animal ever traveled out of the state of Pennsylvania?

☐ Yes ☐ No

If yes, when? _____

If yes, where? _____

9k. Has your pet had unusual/unexpected reactions to medications?

☐ Yes ☐ No

If yes, what? _____

9l. Has your pet been treated for any other major medical problems other than what is listed?

☐ Yes ☐ No

If yes, what? _____

Section 10: Medications

10a. Is your pet currently taking any medications including monthly preventative medications?

☐ Yes ☐ No

If yes, please list drugs and doses:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

10b. Other than the above, is your pet taking any over the counter medications?

☐ Yes ☐ No

If yes, please list: _____

Date ____ / ____ / ____ Signature: _____