

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: _____

I understand I will be invoiced and will owe Metropolitan Veterinary Associates \$250.00 if canceling my appointment within 48 hours of the appointment date / time or if I do not show up for the appointment. I have read and agree to this statement. ____ (initial)

Date ____ / ____ / ____ Signature: _____