TEXAS A&M UNIVERSITY
Veterinary Medical Teaching Hospital

Patient Information Worksheet

Directions: To aid the doctor in reaching an accurate diagnosis, a complete background on your pet is essential. Please fill out the following questionaire to the best of your ability using a ballpoint pen. When you are finished, return the form to the receptionist.

How long have you owned your pet?				
Where was your pet obtained?				
Where is your pet primarily kept?	☐ Out of doors	☐ In the House		
Is your pet allowed to roam free?	☐ Yes	☐ No		
Has your pet been boarded or hospitalized recently?	☐ Yes	☐ No	☐ Unknown	
Are there any other animals in your household? If yes, what?	☐ Yes	☐ No		
Has your pet's appetite either increased or decreased?	☐ Increased	☐ Decreased	☐ Stayed the same	
What time did your pet last eat?				
Has your pet lost or gained any weight recently?	☐ Yes	☐ No	☐ Unknown	
What is your pet's diet?				
How much and how often does your pet eat?				
Is your animal ever fed table food?	☐ Yes	☐ No	☐ Unknown	
Has your pet been treated for any major medical problems? If yes, what?	☐ Yes	☐ No	☐ Unknown	
If your pet is neutered, what was his/her age of alteration?				
Has your pet ever undergone surgery? If yes, what and when?	☐ Yes	☐ No	☐ Unknown	
If female and not neutered, when was her last heat?				
If female, has she had any litters? If yes, when?	☐ Yes	☐ No	☐ Unknown	
Is your pet now taking medication to prevent heartworm disease?	☐ Yes	☐ No	☐ Unknown	
Has your pet traveled out-of-state?	☐ Yes	☐ No	☐ Unknown	
Has your pet lost any stamina lately?	☐ Yes	☐ No	☐ Unknown	
Is your pet drinking more water than usual?	☐ Yes	☐ No	☐ Unknown	
Is your pet urinating more frequently than usual?	☐ Yes	☐ No	☐ Unknown	
Has your pet vomited frequently?	☐ Yes	☐ No	☐ Unknown	
Have there been any recent changes in your pet's bowel movements?	☐ Yes	☐ No	☐ Unknown	
Has your pet been scratching?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any seizures or convulsions?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any change in attitude or behaviors?	☐ Yes	☐ No	☐ Unknown	
Does your pet show any abnormal behaviors with thunderstorms?	☐ Yes	☐ No	☐ Unknown	
Has there been a change in your pet's walking?	☐ Yes	☐ No	☐ Unknown	
Have you noticed any abnormal swellings? If yes, where?	☐ Yes	☐ No	☐ Unknown	
If female, has your pet had any abnormal vaginal discharge?	☐ Yes	☐ No	☐ Unknown	
Has your pet had unusual/unexpected reactions to medications?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any discharge from the eyes or nose?	☐ Yes	☐ No	☐ Unknown	
Has your pet had any coughing or breathing difficulty?	☐ Yes	☐ No	☐ Unknown	
Does your pet show aggression towards people or other animals?	☐ Yes	☐ No		
Does your pet bite?	☐ Yes	☐ No		
Please rate your pets pain using a scale from 1 to 5.	☐ 1-No Pain	☐ 2	☐ 3	☐ 4 ☐ 5-Maximum Pain

Vaccination History Dog: Rabies_____ DHLPP_____

Cat: Rabies_____ FVRCP_____ FeLV_____ FIV_____ FIP_____