

# 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? \_\_\_\_\_



2626 VAN BUREN AVE, NORRISTOWN, PA 19403

610.666.1050

610.666.1199

METRO-VET.COM



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: \_\_\_\_\_