



## DOG, CAT OR FERRET HISTORY FORM



Patient Name: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Breed/Type: \_\_\_\_\_ Primary Color: \_\_\_\_\_

- How long have you owned this pet? \_\_\_\_\_
- Where did you obtain this pet? (Pet Store, Breeder, Friend) \_\_\_\_\_
- When/Where was your pet's last wellness visit and vaccinations? \_\_\_\_\_
- Describe current activity level:  Very active/athletic  Normal  Inactive  Hyperactive
- Appetite is:  Normal  Decreased  Excessive
- Water consumption: Amount/Thirst  Normal  Excessive  Decreased  
Source  Bowl  Other (Creek, Toilet, Faucet, bottle, etc)
- Describe Housing Habits:  Indoor/Outdoor  Indoor Only  Outdoor supervised/fenced yard  
 Outdoor Only  Allowed to Roam
- Describe typical diet (include brand-name, amount, table scraps): \_\_\_\_\_

### **Does your pet:**

- \_\_\_ YES \_\_\_ NO Exhibit lameness or abnormal gait?
- \_\_\_ YES \_\_\_ NO Show changes in stamina or respiratory pattern/rate?
- \_\_\_ YES \_\_\_ NO Cough more than is normal? If yes, describe: \_\_\_\_\_
- \_\_\_ YES \_\_\_ NO Have brown teeth, red gums, bad breath or broken teeth?
- \_\_\_ YES \_\_\_ NO Have redness or discharge from the eyes?
- \_\_\_ YES \_\_\_ NO Have painful, itchy, or smelly ears?
- \_\_\_ YES \_\_\_ NO Have itchy, scaly, or oily skin; hair loss?
- \_\_\_ YES \_\_\_ NO Have a history of chronic and/or recurring skin and/or ear problems?
  - Are they year round or seasonal? \_\_\_\_\_
  - Where on the body? \_\_\_\_\_
- \_\_\_ YES \_\_\_ NO Have any undiagnosed or changes in skin lumps since last visits?
  - If yes, where? \_\_\_\_\_
- \_\_\_ YES \_\_\_ NO Scoot or chew at their rear end?
- \_\_\_ YES \_\_\_ NO Have fleas or ticks? If not now, has had them recently?
- \_\_\_ YES \_\_\_ NO Any changes in urination (urine) or defecation (stools)?
- \_\_\_ YES \_\_\_ NO Vomit? How Often? \_\_\_\_\_ In what relation to eating? \_\_\_\_\_
- \_\_\_ YES \_\_\_ NO Have behavioral concerns? \_\_\_ House Soiling \_\_\_ Aggression \_\_\_ Destructiveness  
\_\_\_ Phobias (Thunderstorm, Strangers, Loud Noises) \_\_\_ Separation Anxiety
- Please list any major past, chronic or ongoing medical problems: \_\_\_\_\_
- Please list current medications, vitamin/nutritional supplements, skin/ear/dental care products you use: \_\_\_\_\_

- Is your pet on heartworm preventive?  Regularly  Intermittently List Brand: \_\_\_\_\_
- Is your pet on flea preventive?  Regularly  Intermittently List Brand: \_\_\_\_\_

***Thank you for choosing Westgate Pet and Bird Hospital***