



Patient Information and Medical History Surgery

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Current Problem and Medical History

Client Name: _____ Pet's Name: _____ Date: _____

Why did you bring your pet in for a consultation: _____

How long has your pet been sick: _____

Has any treatment been started: Yes No

If yes, please describe treatment: _____

How did your pet respond to treatment: Improved Same Worse

In the case of an orthopedic problem, was your pet rested or cage rested: Yes No

If yes, for how long: _____

List any medical problems or procedures that have occurred within the last two years: (include any surgery, trauma, etc.)

General Information

How long have you owned your pet? _____

What is your pet's diet? Canned Dry Brand: _____ Table Food

How much does your pet eat (describe): _____

Are vaccinations current? Yes No

Has your pet traveled out of the state in the last six months? Yes No

Are there other pets in your household? Yes No Describe: _____

Is your pet active? Yes No

Current Medication

Heartworm Prevention: Monthly Heartguard Monthly Interceptor

Other Medications (describe): _____

Any unusual reactions to medications? Yes No Describe: _____

Changes in Normal Activity

Appetite: No Increased Decreased Describe: _____

Water Intake: No Increased Decreased Describe: _____

Weight: No Increased Decreased Describe: _____

Urination: No Increased Decreased Straining Blood in urine Unusual odor to the urine

Describe: _____

Bowel Habits: No Increased Decreased Describe: _____

Vomiting: No Daily Weekly Monthly Intermittent Describe: _____

Coughing: No Daily Weekly Monthly Intermittent Describe: _____

Sneezing: No Daily Weekly Monthly Intermittent Describe: _____

Seizures: No Daily Weekly Monthly Intermittent Describe: _____

Changes in walking: No Yes Describe: _____

Swelling or tumors: No Yes Describe: _____

Any other changes? (describe): _____

If you wish to make any additional comments, please check the box and use the other side.