



New Patient History Form

Please let us know if we can do anything for you or your pet to make your visit more comfortable.

BASIC PET BACKGROUND INFORMATION

HOW LONG HAVE YOU HAD YOUR PET? _____

ABOUT HOW OLD WERE THEY WHEN YOU OBTAINED THEM? _____

ARE THERE ANY ONGOING OR PAST MEDICAL AND/OR SURGICAL CONDITIONS?

IS YOUR PET UP TO DATE ON VACCINES,
INCLUDING RABIES AND DISTEMPER VACCINATIONS? Y N

HAS YOUR PET LIVED OR VISITED
OUTSIDE OF THE MARYLAND/VIRGINIA AREA? Y N

IF YES, WHERE? _____

WHAT MEDICATIONS IS YOUR PET ON? _____

DID YOUR PET EAT TODAY? Y N

PROGRESSION

BRIEFLY STATE WHY YOUR PET HAS COME TO BVNS TODAY: _____

WHEN DID THE PROBLEM START? _____

SIGNATURE: _____ DATE: _____

TODAY'S VISIT

HAS THERE BEEN ANY
CHANGE IN YOUR PET'S
EATING OR DRINKING HABITS? Y N

HAS THERE BEEN ANY
COUGHING, SNEEZING, VOMITING,
REGURGITATION OR DIARRHEA? Y N

ANY CHANGES IN URINATION
OR DEFECATION HABITS? Y N

IS YOUR PET SLOW TO GREET YOU?
LESS PLAYFUL? SLOWING DOWN? Y N

ANY CHANGES IN
HEARING OR VISION? Y N

PAIN

ON A SCALE OF 0-10 (0 = NOT AT ALL
PAINFUL; 10= EXCRUCIATING PAIN) HOW
PAINFUL IS YOUR PET?

0 1 2 3 4 5 6 7 8 9 10

NEUROLOGIC QUESTIONS

DOES YOUR PET EXHIBIT
ANY WEAKNESS OR
INABILITY TO MOVE ANY LIMBS? Y N

WHEN YOUR PET STANDS
OR WALKS, ARE YOUR PET'S
LIMBS IN STRANGE POSITIONS? Y N

ANY SIGN OF POOR BALANCE?
DIZZINESS? FALLING OVER? Y N

HAS YOUR PET EXHIBITED
ANY BEHAVIORAL CHANGES
OR ABNORMAL BEHAVIORS? Y N

ANY SEIZURES? Y N