



Acct# \_\_\_\_\_

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www.av4pets.com

## Patient History

Date: \_\_\_\_\_

Owner Last Name		Pet's Name		Cat / Dog / Other		Breed	
<b>Does your pet exhibit any of the following symptoms?</b>							
Vomiting? Yes / No		Since when?		How often?		Any blood? Yes / No	
Diarrhea? Yes / No		Since when?		How often?		Any blood? Yes / No	
Appetite? Normal / Decreased / Increased		When was the last time your pet ate?					
What diet is your pet currently eating?				How much?		How often?	
Coughing? Yes / No		Since when?		How often?		Is it associated with anything? Exercise / Morning / Night	
Sneezing? Yes / No		Since when?		How often?		Is it associated with anything? Exercise / Morning / Night	
Thirst? Normal / Decreased / Increased		If not normal, how long has it been going on?					
Urination? Normal / Decreased / Increased		If not normal, how long has it been going on?					
Activity? Normal / Decreased / Increased		If not normal, how long has it been going on?					
Is your pet experiencing any discomfort? Yes / No		If yes, for how long?			Is your pet... Indoor / Outdoor / Both		
Has your pet traveled outside of SB, Ventura or SLO counties in the last 6 months? If yes, where:							
<b>Is your pet experiencing any other problems?</b>						<b>For how long?</b>	

Acct# \_\_\_\_\_

Pet's Name \_\_\_\_\_

Date: \_\_\_\_\_

**Patient History Form Cont'd**

Is your pet a diabetic?      Yes / No      If yes, since when?

Is your pet currently taking or been on steroids?      If yes, since when and for how long?  
Yes / No

Is your pet currently taking or been on aspirin?      If yes, since when and for how long?  
Yes / No

Is your pet currently taking or been on anti-inflammatory medication?  
If yes, when and for how long?

**Please list all medication your pet is currently taking**

Name	Strength	Frequency

**For Office Use:**

Temp:	Pulse:	Resp:	Wt:
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History