



PET SPECIALISTS
EMERGENCY +

PSM Patient Medical History Form

Please complete this form as thoroughly as you can. It will aid us in taking the very best care of your pet. We'll be happy to answer any questions you may have.

Patient Information				Date:
Patient #:	Pet's Name:	Species: <input type="checkbox"/> canine	<input type="checkbox"/> feline	
Breed:	Spayed/Neutered? Yes No	Sex: Male	Female	
History				
Who is your pet's regular Veterinarian (DVM)?				
Did your regular DVM recommend a visit to PSM? No Yes Their phone #				
Does your pet see other Specialty Vets? No Yes				
What is the primary reason/problem/disease bringing your pet to PSM? (disease or symptoms you are most concerned about at this time)				
How long has your pet been experiencing the primary problem?			Is he/she getting better, or getting worse, or about the same?	
Has there been any change in your pet's urine or stool habits? (Circle all that apply) Urinates more often - Urinates less often - Has difficulty urinating - Do not know - No change Defecates more often - Defecates less often - Has trouble defecating - Do not know - No change				
Has there been any change in your pet's urine or stool appearance, e.g. color, hardness, blood present, etc? No Don't Know Yes Please describe				
Has your pet had any of the following problems? (Circle all that apply) Coughing Sneezing Vomiting Diarrhea Itching/Scratching Runny Eyes Runny Nose Limping				
Does your pet have any chronic conditions, diseases or problems in addition to the primary problem discussed above? No Yes			If yes, please explain	
Medications & Preventative Care				
What medications (Doses if known) is your pet currently taking?				
What medications (doses if known) has your pet taken in the past? How far back?				
Did any medications cause negative reactions?				
Have you been successful in giving your pet the prescribed medications as directed? (circle best answers) Yes, always Most of the Time Sometimes No, Almost Never Other (Pls Specify)				
If you are not always giving medication as prescribed, what are the reasons? (circle best answers) My schedule/Not Home at Right Time Forget Pet Resists I have trouble giving pills/shots Other (Pls Specify)				
What vaccinations does your pet usually get?			When was your pet's last Vaccination update?	
How often does your pet get Heartworm Prevention Treatments? Daily - Weekly Monthly 3 months 6 months every year Never Other (please specify)			What type of Heartworm Prevention do you use for your pet? Oral Liquid Oral Pills Oral Chewable Tabs Injection by Veterinarian Other (please specify)	

Appetite and Feeding

Has there been any change in your pet's appetite for meals or for "treats"? No Yes - Increased for everything Decreased for everything Increased for meals only - Decreased for meals only	Has there been any change in your pet's thirst and water intake? (Circle best answer) No Yes - Increased Decreased
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When was the last time you changed your pet's diet?	How often do you change the Brand and or Type of food your pet receives?	# of meals per day you feed your pet:
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Food type = Dry - Moist - Canned Brand = _____, Amount = _____ cups / cans / scoops per meal Brand = _____, Amount = _____ cups / cans / scoops per meal	If last diet change was recent, what was the previous diet and why did you change it? (please put N/A if necessary) Diet was: Changed because:
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Does your pet share a food bowl with any other pets? No Yes	Does your pet free feed? No Yes
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Does your pet eat anything other than his/her regular pet food meals?
 Pet Treats No Yes, If Yes, What, how much and how often?
 Human Food No Yes, If Yes, What, how much and how often?

Home & Travel

Does your pet spend time with other animals? No Yes	If Yes, what other animals?
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Where does your pet spend his or her time?
 Inside 100% Inside / 75% Inside & Outside about equal amount of time 25% Inside Outside 100% Other (Pls Specify)

When outside, where is your pet spending time? (If other, please provide detail)
 Kennel Fenced Yard Loose, never leaves yard Loose, often leaves yard Loose, leaves yard once-in-awhile Other:

How active or athletic is your pet? Very Moderate Little Bit Not at All	If active/athletic please list favorite/most common activities?
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Has your pet lived or traveled outside the Bay Area? No Yes	If yes, where and approximately when?
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Do you get pet care or advice on pet care from anyone other than your Veterinarian?
 No Pet Store Family or Friends Nutritionist Chiropractor Other (Pls Specify)

Does your pet get any treatments not prescribed by your Veterinarian? No Yes	If Yes, what? (circle best answers and list) Vitamins Other Nutrient Supplements Herbs Extracts Massage Chiropractic Prescribed medications from another pet Human medications (Over-the-Counter or Prescription) Other:
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What else would you like us to know?

STAFF NOTES

