

# Medical Patient History Questionnaire

Thank you for giving us the opportunity to care for your pet(s). Please complete the following:



**Barbour Lane  
Animal Hospital  
(502) 426-5051**

Client # \_\_\_\_\_ (ofc use)    **TECH INTAKE INITIALS** \_\_\_\_\_    Date \_\_\_\_\_

Client Name \_\_\_\_\_ Patient Name \_\_\_\_\_

Primary Complaint \_\_\_\_\_

Please check any symptoms that may apply:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Breathing Problems                   | <input type="checkbox"/> Coughing                              | <input type="checkbox"/> Sneezing            | <input type="checkbox"/> Gagging         |
| <input type="checkbox"/> Vomiting/ #days _____ Describe _____ | <input type="checkbox"/> Diarrhea/ # days _____ Describe _____ |  |  |
| <input type="checkbox"/> Lack of Appetite                     | <input type="checkbox"/> Increased Appetite                    | <input type="checkbox"/> Shaking Head        | <input type="checkbox"/> Scratching      |
| <input type="checkbox"/> Limping                              | <input type="checkbox"/> Increased Thirst                      | <input type="checkbox"/> Increased Urination |  |
| <input type="checkbox"/> Growths / Lesions                    | <input type="checkbox"/> Decrease in activity                  | <input type="checkbox"/> Hiding              | <input type="checkbox"/> Loss of balance |

Last known Urination and Bowel movement \_\_\_\_\_

Please describe the above symptoms in more detail \_\_\_\_\_

Please list any medications your pet is currently taking (prescribed and over the counter)

Drug, Supplement	Dosage	Last Given

Diet \_\_\_\_\_ How much/How often \_\_\_\_\_ Last Meal \_\_\_\_\_

Is your pet primarily indoor or outdoor? \_\_\_\_\_

After the completion of your Pet's physical exam, we may need to perform blood tests, x-rays, or other testing. Depending upon the testing, your pet may also need mild sedation to perform the testing effectively. Do you authorize further testing and sedation if necessary? **YES/NO**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone numbers where you can be reached today:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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