

## **Dog Patient History Form**

**Patient (pet) name:** \_\_\_\_\_

**Owner/family name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Date of birth or Age:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Referring Hospital/Primary Veterinarian:** \_\_\_\_\_

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

**Is your dog breathing heavier or faster?** Yes / No (please circle one)

If yes: Is the heavier/faster breathing occurring all the time or just sometimes? Please explain:

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**Are you counting sleeping breathing rate, if so what number are you getting** \_\_\_\_\_

In 15 seconds/30 seconds/1 minute (please circle one) (for example: 6 breaths in 15 seconds)

**Does your dog get out of breath with activity?** Yes / No (please circle one)

(for example breathing faster after going up stairs, walking around the house)

If yes, please explain when this occurs:

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**Does your dog go for walks? If so is he/she walking normal distance or amount of time?**

Yes / No (please circle one)

On walks, is he/she slowing down, stopping sooner, getting out of breath, turning around to go home sooner? If yes, please explain:

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**Does your dog cough? Yes / No (please circle one)**

If Yes:

Do you know when the cough started (years ago? Past month? Past week?)

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How often? (for example daily, several times per day, once per week/month, mostly day or night?)

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Is the cough getting worse? Yes / No (please circle one)

Did it get worse suddenly or gradually? \_\_\_\_\_

**Is your dog eating normally/finishing his/her food? Yes / No (please circle one)**

*If no, please describe what has changed:* \_\_\_\_\_

**Current diet (brand/formula):** \_\_\_\_\_

**Is the diet grain free? Yes / No (please circle one)**

**Is your dog drinking more or urinating more than usual? Yes / No (please circle one)**

If yes, for how long? (days/weeks/months?) \_\_\_\_\_

**Has your dog ever collapsed/fallen over/fainted? Yes / No (please circle one)**

If yes, please explain what he/she was doing prior and what happened/what you saw? (for example was he/she active prior or was he/she resting, how long did it last):

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Did this happen more than once? Yes / No (please circle one)

If yes, how many times: \_\_\_\_\_

**Do you have any other concerns at home not listed above? Is there anything else you would like us to know? Please describe:**

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**Current medications:**

**Please list what you are specifically giving, even if the directions/amount are different from what your vet prescribed**

*(Please give medication name, strength, directions, for example "Lasix 12.5 mg tablets – 1 tablet twice daily):*

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Is there any additional specific information about medications that you would like to provide, for example if a medication was started and did/did not help or caused a side effect?

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