

# Atlantic Veterinary Internal Medicine

## CASE HISTORY

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

Patient \_\_\_\_\_

Date \_\_\_\_\_

1. Where did you get your pet? Store      Breeder      Rescue      Stray      Friend/Relative  
If other than the above please list \_\_\_\_\_
2. What (diet) does your pet eat? \_\_\_\_\_ How much does your pet eat? \_\_\_\_\_
3. How much water do you think your pet drinks? Normal amount      more than normal      less than normal
4. Is your pet spayed or neutered? YES      NO      How old were they at the time of the surgery? \_\_\_\_\_
5. Is your pet primarily kept indoors, outdoors or both?  
If your pet goes outdoors, is access limited to an enclosed area? \_\_\_\_\_

### FOR DOGS ONLY

1. Has your dog been checked for heartworm this year? YES      NO
2. Is he/she on preventive? YES      NO      If so, which preventive? \_\_\_\_\_
3. Please look over and check the vaccinations your dog has received.
 

Distemper vaccine in the last year?	YES	NO	If yes, please give the date
Rabies vaccine in the last 3 years?	YES	NO	If yes, please give the date
Lyme vaccine in the last year?	YES	NO	If yes, please give the date

### FOR CATS ONLY

1. Has your cat been tested for feline leukemia or feline immunodeficiency virus? YES      NO  
If yes, when was the test and what were the results? \_\_\_\_\_
2. Please look over and check the vaccinations your cat has received.
 

Distemper/Upper respiratory combination vaccine in the last year?	YES	NO	If yes, please give the date
Rabies vaccine in the last 3 years?	YES	NO	If yes, please give the date
Feline leukemia vaccine in the last year?	YES	NO	If yes, please give the date
1. Is your pet currently on any medications (prescription, non --prescription, nutritional supp.)? YES      NO  
If yes, please list below:
 

Name	Strength	Amount Given
2. To your knowledge, has your pet had an adverse reaction to a medication? YES      NO  
If yes, what \_\_\_\_\_
3. Are there other pets living in the household? YES      NO      If yes, how many and what  
Please list any known illnesses affecting any of them \_\_\_\_\_
4. Has your pet ever lived or extensively traveled outside the Maryland/Virginia/DC area? YES      NO  
If yes, when, where and length of time \_\_\_\_\_
5. Please list any past medical or surgical history. \_\_\_\_\_