

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
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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. _____