One Love Animal Hospital

If you love your pet as much as you love yourself, then One Love is the place for you.

ILLNESS/INJURY VISIT QUESTIONAIRE

Date: _____ Your Name: _____
Pet Name: _____ Species (*Circle one*.): Canine/Feline/Other_____
Age: _____ Felines Only (*Circle one*.): Indoor/Outdoor/Both
Sex and Reproductive Status (*Circle one*.): Male Intact; Male Neutered; Female Intact; Female Spayed

Does your pet have a medical condition or allergies? _____
When was your pet's last visit with a veterinarian? _____
What was the purpose of this visit? _____
Are your pet's vaccines current? ☐Yes ☐No ☐Unknown

PHYSICAL SYMPTOMS (*Check all that apply.*):		
☐ **Asthma**	☐ **Difficulty eating/Dropping food**	☐ **Limping**
☐ **Bad Breath**	☐ **Excessive thirst**	☐ **Not eating**
☐ **Bleeding**	☐ **Exercise intolerance**	☐ **Pain/Sensitivity**
☐ **Breathing problems**	☐ **Flatulence**	☐ **Seizures**
☐ **Bruising**	☐ **Frequent urination**	☐ **Sneezing**
☐ **Coughing**	☐ **Hair loss**	☐ **Vision changes**
☐ **Constipation**	☐ **Itching**	☐ **Vomiting**
☐ **Diarrhea**	☐ **Lethargy**	☐ **Weakness**
☐ **Behavioral changes:**		
☐ **Injury/Trauma. Where?**		
☐ **Other:**		

When did these symptoms first occur? _____

CURRENT MEDICATIONS (*Use reverse side if necessary.*):		
Name of Medication:	**Dose (*mg/day, ml/day, tablets/day*):**	**Date started/purpose:**

Do you give heartworm and flea/tick preventative? ☐None ☐Yes, Brand(s)_____
Date last given?_____
Do you give any supplements/vitamins?_____

VACCINATIONS (*Please list date last administered.*):			
Rabies: ☐1yr ☐3yr	**DAPP:** ☐1yr ☐3yr **FVRCP:** ☐1yr ☐3yr	**Bordetella:** **Leptospirosis:** **Lyme:**	**Feline Leukemia:** **Other:**

Has your pet ever had a reaction after being vaccinated? _____
Do you have other pets? ☐Yes ☐No
How many and what species? _____
Are they currently vaccinated and on heartworm and flea prevention? ☐Yes ☐No
Are they also exhibiting the same symptoms? ☐Yes ☐No

Have you or your pet(s) travelled outside of the greater New York area within the last 6 months? ☐Yes ☐No

Where was this excursion? _____

How long where you/your pet(s) there? _____

If your visit is the result of a trauma/animal bite/accident, please briefly describe the circumstances surrounding the event?

_____

_____

_____

If your pet was involved in a fight with/bit by another animal, do you know what species that animal is and if it is currently vaccinated? □No □Yes If yes, what was the animal?_____

Is it possible that your pet consumed any of the following? If so, list suspected item.

Plants or flowers? _____

Prescription or over-the-counter medications? _____

Cleaning products, poisons, garbage? _____

Clothes, shoes, toys, or small objects? _____

Chocolate, coffee/caffeinated food items, "human" food? _____

OTHER INFORMATION:
Please list any further information or questions concerning your pet's health.

I certify that the above information is correct to the best of my knowledge and that I have not purposefully misrepresented my pet's health history. I will furnish One Love Animal Hospital with a copy of my pet's prior medical records at the time of my appointment. I will not hold any member of One Love Animal Hospital responsible for errors or omissions that I may have made in completing this form.

_____ _____

(Owner's Signature) (Date)