

**ANIMAL HOSPITAL OF COTATI  
331 E. COTATI AVENUE  
COTATI, CA 94931  
707-792-0200**

**MEDICAL HISTORY:** Please fill out carefully and completely.

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

Animal Name \_\_\_\_\_ Age in years \_\_\_\_\_ Species \_\_\_\_\_

Breed \_\_\_\_\_ Sex : Male Female Neutered or spayed? YES NO

Why did you bring your pet in, **WHAT IS THE MAJOR PROBLEM?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did the current problem start? \_\_\_\_\_

Is it chronic or intermittent? \_\_\_\_\_

What other problems has your animal had in the past? Describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your pet had blood work and/or X-rays taken within the last 6 months? YES NO

**BONES, MUSCLES, AND LIGAMENTS**

Is your animal lame? YES NO If yes, where is the lameness? \_\_\_\_\_

\_\_\_\_\_

Is the lameness chronic or intermittent? Describe \_\_\_\_\_

\_\_\_\_\_

Does your animal see to warm up out of lameness with some exercise? YES NO. Does cold weather make it worse? YES NO. Does it appear seasonal? YES NO.

Do you think your animal is in pain? YES NO If yes, where is the pain? \_\_\_\_\_

\_\_\_\_\_

Has your pet ever had surgery or other treatment for lameness or a back problem? YES NO  
If yes, where and when? \_\_\_\_\_

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## SKIN APPEARANCE

Circle all that apply: red / dry / flaky / itchy / greasy / crusty / scabby / oozing / bad smell / hair loss?

Where is the primary location of the problem? Describe \_\_\_\_\_

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Are the problems seasonal? YES NO Is the itching worse at night or during the daytime?  
Circle one.

What medications, shampoos, etc. have you used for the skin problem? \_\_\_\_\_

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Do you regularly use any flea control products on your pet? What are they? \_\_\_\_\_

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## GASTROINTESTINAL

Appetite: Is it good / fair / poor / variable? Energy level: Is it good / fair / low / poor / variable?

Gums/teeth: Does your pet have bad breath or bad teeth? YES NO

Any ulcers in the mouth obvious? YES NO

Thirst: Does your pet drink a lot of water? YES NO

Vomiting: Does your animal vomit: bile or fluid / undigested food / immediately after eating /

Several hours after eating. How many times per day do he/she vomit? \_\_\_\_\_

Stomach gurgling? YES NO Passes gas frequently? YES NO

Stools: normal / diarrhea / undigested food / mucus / blood / straining / constipation / hard /

Strong odor.

**KIDNEY/URINARY BLADDER**

Urine: Are there changes in color / odor / frequency / straining? Circle all that apply.

Describe \_\_\_\_\_

Does your pet dribble urine (incontinent)? YES NO If yes, do you give medication for it?

Name of medication? \_\_\_\_\_

Has your pet had kidney, bladder stones, or crystals? YES NO When? \_\_\_\_\_

**HEART / LUNGS**

Does your animal cough? More at night / during exercise / seasonal /. Is the cough hacking /

Wheezing / dry / moist / gagging / frequent / infrequent / chronic / forceful / weak?

Any history of a heart murmur? YES NO Does your pet pant a lot? YES NO

Anxiety, pacing, howling, fearfulness, confusion, or other unusual behavior? Describe \_\_\_\_\_

Does your pet sleep through the night? YES NO Does your animal prefer heat or cold?

Circle one.

**NEUROLOGIC**

Seizure activity: When did the seizures begin? \_\_\_\_\_

How long do they last? \_\_\_\_\_ How often do they occur? \_\_\_\_\_

\_\_\_\_\_ Does your animal lose bowel and bladder control? YES NO

Is your pet on any medications to control the seizures? List all \_\_\_\_\_

**EYES**

Discharge: one or both eyes / yellow/ white / gray. Describe \_\_\_\_\_

Eyes are dry? YES NO Is there redness: YES NO Are you using any medication? \_\_\_\_\_

**EARS**

Discharge: one or both ears / color / odor / chronic / acute Describe \_\_\_\_\_

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**NOSE**

Discharge: How long has it been present? \_\_\_\_\_ One or both nostrils?

Color \_\_\_\_\_ Is there mucus? Blood? Is the nose scabby or crusty? YES NO

**NORMAL DIET – please explain IN DETAIL.** This information is critical. Please include the brand name. List ingredients and proportions,

Dry \_\_\_\_\_ Canned \_\_\_\_\_

Raw \_\_\_\_\_

Cooked/Homemade \_\_\_\_\_

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Snacks \_\_\_\_\_ How many times per day do you feed? \_\_\_\_\_

Do you use Food Supplements? Please list the dosage and number of times per day.

Vitamins \_\_\_\_\_

Herbals/Nutraceuticals \_\_\_\_\_

Arthritis medications? Circle – Glucosamine, MSM, Glycoflex, Joint Response, Yucca,

Rimadyl, Etogesic, Prednisone, Aspirin, Metacam, Others \_\_\_\_\_

Essential Fatty Acids (flaxseed or fish oils) Dosage \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_

Is your pet on Heartworm preventative and if so, which one? \_\_\_\_\_

Is your pet on any other medications at this time? What are they? Please be complete.

Drugs/ Dosage / Times per day given \_\_\_\_\_

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For how long has the pet been on these medications? \_\_\_\_\_ Any known  
drug or food allergies? \_\_\_\_\_

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Does your pet receive daily exercise? Fetch, leash walk, run, etc. YES NO Describe \_\_\_\_\_

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What percentage of the time does you pet spend indoors / outdoors? \_\_\_\_\_

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Where did you get your pet? \_\_\_\_\_

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If your pet is not currently being treated by Animal Hospital of Cotati, all lab work, x-rays and previous veterinary medical records will be needed to help completely and efficiently diagnose and treat your animal. Please bring all documentation you have to your initial consultation. Thank you.