



Sugar Land Veterinary Specialists, PC
1515 Lake Pointe Parkway • Sugar Land, Texas 77478 • 281-491-7800

Patient History

Owner name: _____ Pet name: _____
Best phone: _____ Species: _____
Referring Vet: _____ DOB: _____

Date: _____ Sex: male female Spayed/neutered: yes no

General Information:

Diet: _____ Amount: _____ Frequency: _____

Has this diet been changed recently? If so, for what reason and has this change affected the problem?

Preventative:

Current Vaccines: yes no Current Heartworm Prevention: yes no
If yes what kind: _____
Flea and/or Tick Prevention: yes no
If yes what kind: _____ Last given: _____

Environment: mostly indoor mostly outdoor

Water nearby: lake creek river standing water/drainage ditch other _____

Contact animals: cats dogs livestock snakes rodents
raccoon opossum skunk other _____

Travel: pet shows out of state out of country

Activity level: increased decreased no change

Eyes: squinting discharge blood in eyes difficulty seeing/blindness
pupil changes

If circled please describe: _____

Respiratory: coughing sneezing nasal discharge wheezing snoring
increased effort increased frequency abnormal panting

Please describe: _____

Appetite: increased decreased not eating
Thirst: increased decreased not drinking

Gastrointestinal: drooling foul breath difficulty prehending food
vomiting regurgitation diarrhea change in shape/color of stool
increased frequency of defecation increased amount of stool
abdominal pain blood in stool straining to defecate
constipation

Please describe: _____

Urinary: straining blood in urine odor change color change
incontinence accidents inappropriate urination habits
frequency: increased decreased amount: increased decreased

Please describe: _____

Neurologic/Orthopedic: history of seizures when last: _____
frequency: _____ current med for seizures: _____
circling wobbly gait paralysis lame staring off into space
appearing lost or confused doesnt seem to hear you weakness trembling

Please describe: _____

Skin/Masses: hair loss wound ulcer excessive licking
change in skin color new mass draining mass
change in mass size

Please describe: _____

