

**ANIMAL EMERGENCY CENTER HISTORY INFORMATION**

**Patient Name:** \_\_\_\_\_

**1.** Any previous history of medical disease?

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**2.** Is your pet on specific medications?

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**3.** Has there been a history of poisons, medications (pet or people medications) or toxin that your pet could have gotten into?

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**4.** Are there any types of poisonous plant, insects, or animals your pet could have come in contact with?

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**5.** Is there any chance of physical trauma?

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**6.** Has your pet had a history of Coughing / Sneezing / Vomiting / Diarrhea / Increased Thirst / Increased Urination?

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**7.** Has your pet shown any signs of collapse, weakness or a decreased ability to exercise?

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**8.** Has your pet shown any abnormal neurological behavior? (Example: Seizures, Twitching, Falling Over, Dragging Limbs...) \_\_\_\_\_

\_\_\_\_\_

**9.** Does your pet like to eat abnormal things? (Rocks, Sticks, Socks...) \_\_\_\_\_

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**10.** Does your pet have any travel history out of the state?

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**11.** Are there other animals within the household and how is their health?

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**12.** Are your pet's vaccinations and annual diagnostics (Heartworm Testing, FELV/ FIV, Fecal Exams) up to date?

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**13.** What is your pet's normal diet and are they fed "people food"?

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**14.** Other important information we should know?

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