

# NOAH'S ARK ANIMAL HOSPITALS

## MEDICAL HISTORY QUESTIONNAIRE

CLIENT NAME: \_\_\_\_\_ PET: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check any of the following in which you have noticed since your pet's last exam:  
Please feel free to use the back of this form, if necessary, to provide further details

\_\_\_ Significant change in overall activity level – increase/decrease.  
When did this start? \_\_\_\_\_ Brief explanation: \_\_\_\_\_

\_\_\_ Decreased alertness or awareness of surroundings

\_\_\_ Increased vocalization or restlessness at night

\_\_\_ Loss of house training/litter box training – urination, defecation or both?

When did this start? \_\_\_\_\_ Have amounts produced increased/decreased/ stayed the same?

Where in the house is pet soiling – floor, on beds or other furniture, which room? \_\_\_\_\_

\_\_\_ Change in weight – loss/gain; when did you first notice this? \_\_\_\_\_

\_\_\_ Lumps, bumps, growths – where? \_\_\_\_\_

When did you first notice this? \_\_\_\_\_ Has it changed in appearance since first noticing? \_\_\_\_\_

Brief explanation: \_\_\_\_\_

\_\_\_ Loss of fur, scratching excessively, scabs or flaking? Where on body? \_\_\_\_\_

When did you first notice this? \_\_\_\_\_

\_\_\_ Is pet on flea/tick/heartworm preventive? \_\_\_\_\_

Which product? Frontline Plus/Advantix//Interceptor/Sentinel/Heartgard

Other: \_\_\_\_\_

\_\_\_ Bad breath, trouble chewing hard food

\_\_\_ Difficulty seeing or hearing

\_\_\_ Sneezing, coughing, or gagging

\_\_\_ Trouble breathing, excessive panting – Brief explanation: \_\_\_\_\_

\_\_\_ Weakness, tiring easily – when did this start? \_\_\_\_\_

\_\_\_ Change in appetite – increase/decrease; when did this start? \_\_\_\_\_

\_\_\_ Increased drinking and/or urination – when did this start? \_\_\_\_\_

\_\_\_ Straining to pass urine/stool – when did this start? \_\_\_\_\_ Blood in either? \_\_\_\_\_

\_\_\_ Limping, stiffness, walking/rising slowly – which leg? \_\_\_\_\_ when did this start? \_\_\_\_\_

\_\_\_ Fainting, collapsing, seizures – when did this start? Frequency of occurrences \_\_\_\_\_

Brief description of episodes: \_\_\_\_\_

\_\_\_ Head shaking/digging at ears/ear odor – when did this start? \_\_\_\_\_

\_\_\_ Vomiting, especially episodes lasting more than one day

When did this start? \_\_\_\_\_ How often does it occur? \_\_\_\_\_ How much is produced? \_\_\_\_\_

When was the last occurrence of vomiting? \_\_\_\_\_

\_\_\_ Diarrhea, especially episodes lasting more than one day – when did this start? \_\_\_\_\_

How often does it occur? \_\_\_\_\_ How much is produced? \_\_\_\_\_

\_\_\_ What medications is your pet currently taking? \_\_\_\_\_

\_\_\_ What do you currently feed your pet? \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**Please use other side to provide further information, if necessary.**