

PVS-EC – Cardiology
New Patient Consultation History Sheet

Patient Name: _____ DOB: _____ Today's Date: _____

Gender (Circle One): Male Female Is your pet neutered/spayed? Yes No

Species (Circle One): Feline Canine Breed: _____

 If feline (Circle One): Indoor Outdoor Both

What is your pet's current problem? _____

Do you have any other pets at home? If so, what are they? _____

What do you currently feed your pet? _____

When was your pet last vaccinated? _____

Are you using any flea/tick/heartworm preventative? (please list): _____

Has your cat been tested for feline leukemia or FIV? If yes, when and what were the results? _____

Has your dog been tested for heartworm or lyme disease? If yes, when and what were the results? _____

Please list any previous health problems, surgeries or allergies we should know about: _____

Please list current medications (including over-the-counter), when started, dosage and pet's response:

Staff use only: T _____ P _____ R _____

 wt _____ CRT _____ mm _____

PLEASE TURN OVER!

Has your pet exhibited any of the following? (Please circle all that apply)

Lethargy	Yes	No
Drinking an abnormal volume	Yes	No
Frequent or difficult urination	Yes	No
Urinating an abnormal volume	Yes	No
Changes in appetite	Yes	No
Vomiting	Yes	No
Diarrhea	Yes	No

If yes, please circle all that apply:	Blood	Clear Mucous	Straining	Black Stool
Constipation / Difficulty defecating	Yes		No	
Recent weight loss	Yes		No	
Coughing	Yes		No	
Sneezing	Yes		No	
Abnormal breathing	Yes		No	
Gagging / retching	Yes		No	

For each "Yes" circled above, please describe and note frequency, duration, progression, response to treatment, and/or any other information: _____

Does your pet have any other problems that we should know about? _____

Thank you for bringing your pet to PVS-EC – Cardiology

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