

Directions: Please print, sign and fax.
Fax to: 914-478-4101
Email: naturalvetforpetspc@gmail.com

PET'S HISTORY
Natural Vet for Pets P.C.

Pet's Name _____ Age _____ Male _____ Neutered _____ Female _____ Spayed _____

Breed _____ How long has pet been with you? _____
Cat indoor or outdoor? _____

Owner's Name _____ Other pets in home _____

Address _____ **Phone #** _____

Email Address: _____

Brief explanation in one sentence explaining pet's problem: _____

THIRST: Normal _____ Increased _____ Excessive _____ Decreased _____ Thirstless _____

APPETITE: Normal _____ Ravenous _____ Finicky _____ Poor/Decreased _____ Not eating at all _____

DIET: # times fed daily? _____ Dry _____ Brand _____ Canned _____ Brand _____
Homemade? _____ Ingredients? _____

WEIGHT: Normal _____ Overweight _____ Obese _____ Underweight _____ Emaciated _____

GUMS/TEETH: Inflamed Gums _____ Bleeding _____ Ulcers _____ Where? _____ Excess tartar _____
Halitosis _____ Missing teeth _____ Few _____ Many _____ No teeth _____ Broken teeth _____ Caps _____

VOMITING: Never _____ Yes _____ How often? Daily _____ Weekly _____ Monthly _____ Yearly _____
Phlegm _____ Bile _____ Food _____ Seconds to minutes after eating _____ Hours later _____ Intermittent _____

DIARRHEA: Never _____ Yes _____ Daily _____ Weekly _____ Monthly _____ Yearly _____

STOOL CONSISTENCY: Formed _____ Semi-formed _____ Toothpaste _____ Pudding _____ Watery _____ Other _____

COLOR OF STOOL: Brown _____ Light _____ Medium _____ Dark _____ Other color _____ Blood? _____

FREQUENCY OF STOOL: How many times a day? _____

CONSTIPATION: Color of stool _____ Semi-dry _____ Crumble dry _____ Rock hard _____
Strains _____ Enemas _____ How often? _____ Deobstipation _____ How often? _____

URINATION: Color _____ Blood _____ Odor _____ Crystals seen _____ Straining _____ Increased freq. _____
Vocalizing _____ Going in house _____ Where? _____ Involuntary _____ Incontinent? _____
Dribbling urine involuntarily _____ Bed-wetting _____ Bladder stones _____ Type _____ Many _____ Few _____
Big _____ Small _____ Surgery: Bladder _____ Kidney _____ Male cats: blocked _____ # times _____
Catheterized _____ Surgery on urethra _____ What age? _____ Relapses since surgery _____

EYES: Discharge _____ Color _____ Crusty _____ Mucoid _____ Daily _____ Occasionally _____ Other _____

NOSE: Discharge _____ Color _____ Crusty _____ Mucoid _____ Watery _____ Daily _____ Occasionally _____ Other _____

EARS: Discharge _____ Color _____ Daily _____ Weekly _____ Monthly _____ Yearly _____ Itchy _____
Swollen _____ Painful _____ Ulcerated _____ Bleeding _____ Ear problems? started what age? _____

Ear infection presently? _____ For how long? _____ Cleaning? How often? _____

Product used _____ Other medicines used _____

Ear flushes done _____ How often _____ Last done _____

PET'S HISTORY (continued) - Natural Vet for Pets P.C.

NERVOUS SYSTEM: SEIZURES Never ___ Yes ___ How often? _____ Age began _____
Stands ___ Lies sternal ___ Lies on side ___ Legs stiff ___ Front ___ Back ___ Age began _____
Shaking ___ Entire body ___ Legs only _____ Head bobbing _____ Jaw chomping _____ Drooling ___
Behavior before seizure? Clingy ___ Aloof ___ Indifferent ___ Aggressive ___ Other _____
Urinates ___ When? _____ Defecates ___ When? _____
Recovers from seizure: Seconds ___ Minutes ___ Hours ___ Exhausted ___ Acts normal ___
Disoriented ___ How long? _____ Sleeps _____

SKIN: Itchy ___ Where? _____ Self mutilates ___ Scratches with feet _____
Where? _____ Bites or chews ___ Where? _____ Daytime _____
Nighttime _____ Middle of night wakes up out of sleep to scratch or bite _____ Always itchy _____
Itching worse: In bed ___ When warm ___ When wet ___ When cold ___ Other _____
Bleeds ___ Red ___ Swollen ___ Pimples ___ Scabs ___ Blisters ___ Sores ___
Describe _____ Hair loss? Scratched off ___ Fell out ___
Fleas or flea dirt seen ___ Ticks ___ Fly bites ___ Mange ___ Demodex ___ Scabies ___

MENTAL SYMPTOMS: Friendly ___ Playful ___ Energetic ___ Affectionate ___ Outgoing ___
Fearful ___ Shy ___ Skiddish when approached ___ By strangers ___ By anyone ___ By kids ___
Aggressive ___ Always ___ Sometimes ___ When scared ___ Head shy ___
Fear-biter ___ When approached ___ By strangers ___ By anyone ___ By kids ___ Men only ___
Other ___ Ever bitten anyone? ___ Circumstances? _____
Cowers ___ Overly submissive ___ Urinates when scared _____
Noises: Afraid ___ Never ___ Sometimes ___ T-storms ___ Vacuum ___ Door bell ___
Of what? _____ Hides ___ Clingy ___ Aloof ___ Shakes ___ Urinates ___ Defecates ___
Cats: Hides ___ Strangers only ___ Always ___ Where? _____ Out and about ___

HEARTWORM: Tested negative? ___ On preventative? ___ Product name? _____
How often given? _____ Ever positive? ___ What age? _____
Treated conventionally? ___ # of times? ___ Tested negative after treatment? _____
On preventative after treatment? ___ Product name? _____

OTHER MEDICATIONS: Date began/Name/Dose/Frequency _____
For ex: Pred 5mg one tab orally every 12 hrs. started when 3 yrs of age or 10/1/04.

CHRONOLOGICAL ORDER OF SYMPTOMS earliest to present: _____

For example: diarrhea>ear infection>itchy face>itchy feet>etc. IF YOU FEEL YOU NEED TO GIVE MORE INFORMATION, PLEASE TYPE AND ATTACH IT TO THIS PET HISTORY FORM.

Before our initial phone consultation, print, fill out and fax or email me this form to 914-478-4101 or naturalvetforpetspc@gmail.com

Thanks, Dr. Stacey Joy Hershman.