

Directions: Please print, sign and fax.  
Fax to: 914-478-4101  
Email: [vetforpets@mac.com](mailto:vetforpets@mac.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 SYMTPOMS 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 [vetforpets@mac.com](mailto:vetforpets@mac.com)

Thanks, Dr. Stacey Joy Hershman.