



METROPOLITAN VETERINARY ASSOCIATES AND EMERGENCY SERVICES

2626 VAN BUREN AVENUE • NORRISTOWN, PA 19403

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Patient Name _____

Owner Name _____

Case # _____

Cardiology

Michael Miller, MS, VMD, ABVP
Risa Roland, DVM, ACVIM (Cardiology)

Dentistry

Paul Orsini, DVM, ACVS, AVDC

Dermatology

Karen B. Farver, DVM, ACVD

Emergency Services

James Buckman, VMD, PhD
Jason Chamberlin, VMD
Franciszek von Esse, VMD, ABVP
Owen Fink, DVM
Mary F. Heckscher, VMD
Jennifer McGough, VMD
Marisa Suvannavejh, VMD

Julie Banyacski, CVT, VTS (ECC)
Practice Manager

Internal Medicine

John V. DeBiasio, DVM, ACVIM
James F. Dougherty, MS, VMD
Damon B. Rodriguez, DVM, ACVIM

Neurology

Jerry W. Northington, DVM

Ophthalmology

Amanda Corr, VMD
Stephen L. Gross, VMD, AVCO

Radiology

Robert C. McLear, VMD, ACVR

Rehabilitation & Acupuncture

Michelle Rupp, VMD

Surgery

Lori W. Cabell, DVM, ACVS
A. Jon Nannos, DVM
Jacqui Niles, BVetMed, SAS, ACVS
Catherine Popovitch, DVM, ACVS
Timothy M. Schwab, VMD, Resident

Section 1: Household and Medical History

1a. How long have you owned your pet? _____

1b. Where was your pet obtained? _____

1c. Is your pet kept primarily... (Place an 'x' in the box)

Outdoors Indoors

1d. Has your pet been boarded or hospitalized within the past month?

Boarded Hospitalized Neither

1e. Are there any other animals in your household?

Yes No

If yes, what? _____

1f. What do you feed your pet (brand, formula, home cooked ingredients?) _____

1g. How much do you feed your pet? _____

1h. How often do you feed your pet? _____

1i. Is your pet ever fed any treats including table scraps?

Yes No

If yes, what types? _____

1j. Has your pet ever been spayed or neutered?

Yes No

If yes, how old was your pet when it was spayed or neutered? _____

1k. Other than spaying or neutering, has your pet ever undergone surgery

Yes No

If yes, what and when? _____

1l. If female and not spayed, when was her last heat? _____

1m. If female, has she had any litters?

Yes No

If yes, when? _____





Section 2: Appetite

2a. Has your pet's appetite changed recently?

Yes No

If 'Yes' please answer the remaining questions in Section 2; If 'No' go to Section 3.

2b. Has your pet's appetite...

Increased Decreased

If decreased, what percentage of normal is your pet currently eating (0-99%)? _____

2c. How long has your pet's appetite been abnormal (months/days)? _____

Section 3: Diarrhea

3a. Has your pet had any diarrhea or abnormal stools recently?

Yes No

If 'Yes' please answer the remaining questions in Section 3; If 'No' go to Section 4.

3b. Is the diarrhea and/or abnormal stool....

Persistent (constant) Intermittent (it goes away sometimes)

If intermittent, how often?

Daily Weekly Monthly Other _____

If daily, how many times a day? _____

3c. How long has your pet been having diarrhea (months/weeks/days)? _____

3d. What is the character of the stool?

Watery Soft with shape Soft without shape ("cow-patty")

Other (Please describe) _____

3e. Is there any mucous or fresh blood in the stools?

Yes No

If yes, please quantify? _____

3f. What is the color of the stools (e.g. tan, brown, black / very dark)? _____

Is this the normal color of your pet's stools?

Yes No

3g. Had your pet's food been changed or new foods given (including treats) within 1 week of the diarrhea starting?

Yes No



Section 4: Vomiting

4a. Has your pet had any vomiting recently?

Yes No

If 'Yes' please answer the remaining questions in Section 4; If 'No' go to Section 5.

4b. How often does your pet vomit (number of times per day/week/month)?_____

4c. How long has your pet been vomiting (months/days)?_____

4d. Does the vomit generally contain... (Please check all that apply)

Digested food Undigested food Foamy Yellowish green (bile)
 Red / fresh blood "Coffee grounds" appearance Other

If other or more description required, please explain_____

4e. Had your pet's food been changed or new foods given (including treats) within 1 week of the vomiting starting?

Yes No

Section 5: Coughing

5a. Has your pet been coughing?

Yes No

If 'Yes' please answer the remaining questions in Section 5; If 'No' go to Section 6.

5b. Is your pet coughing more frequently than usual?

Yes No

5c. How many times a day does your pet have a coughing bout?_____

5d. How long does each coughing bout last?_____

5e. How long has your pet been coughing (months/days)?_____

5f. Is your pet's coughing worse...

During the Day At Night Same

5g. Is your pet's coughing worse...

With Exercise At Rest Same

5h. Is your pet's cough...

Soft Harsh

5i. Does your pet's cough sound like a goose honk?

Yes No

5j. Is your pet's cough...

Productive Non-Productive



Section 6: Nasal Problems

6a. Has your pet had any nasal discharge?

Yes No

If yes, please describe (blood, color, consistency)? _____

6b. Has your pet been sneezing?

Yes No

If 'Yes' please answer the remaining questions in Section 6; If 'No' go to Section 7.

6c. Is your pet sneezing more frequently than usual?

Yes No

6d. How many times a day does your pet sneeze? _____

6e. How long has your pet been sneezing (months/days)? _____

Section 7: Breathing Difficulty

7a. Has your pet been experiencing any breathing difficulty?

Yes No

If 'Yes' please answer the remaining questions in Section 7; If 'No' go to Section 8.

7b. How many times a day does your pet have difficulty breathing? _____

7c. Is your pet's breathing worse...

During the Day At Night Same

7d. Is your pet's breathing worse...

With Exercise At Rest Same

7e. Does your pet's tongue or gums ever turn blue?

Yes No

If yes, how often? _____

If yes, when? _____

Section 8: Activity Level

8a. Has your pet been more lethargic or not wanted to exercise lately?

Yes No

If 'Yes' please answer the remaining questions in Section 8; If 'No' go to Section 9.

8b. What percentage of normal is your pet currently activity level (0-99%)? _____

8c. How long has your pet been lethargic (months/days)? _____



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Section 9: Additional Information

- 9a. Has your pet ever had a seizure?
 Yes No
- 9b. Has your pet ever fainted?
 Yes No
- 9c. Recently, has your pet...
 Lost Weight Gained Weight Unchanged
If lost or gained, how much? _____
- 9d. Is your pet drinking more water than usual?
 Yes No
- 9e. Has your pet had any change in attitude or behavior?
 Yes No
If yes, what is the change? _____
- 9f. Have you noticed any abdominal distention?
 Yes No
- 9g. Is your pet now taking medication to prevent heartworm disease?
 Yes No
If no, when did your pet last take heartworm medication? _____
- 9h. Has your animal ever traveled out of the state of Pennsylvania?
 Yes No
If yes, when? _____
If yes, where? _____
- 9i. Has your pet had unusual/unexpected reactions to medications?
 Yes No
If yes, what? _____
- 9j. Has your pet been treated for any other major medical problems other than what is listed?
 Yes No
If yes, what? _____

Section 10: Medications

- 10a. Is your pet currently taking any medications including monthly preventative medications?
 Yes No
If yes, please list drugs and doses:
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____



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10b. Other than the above is your pet taking any over the counter medications?

Yes No

If yes, please list: _____

10c. Is your pet currently taking any herbal supplements, nutraceuticals, vitamins, or holistic medications?

Yes No

If yes, please list:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Section 11: Vaccination History

(Please write down date of last vaccination/viral testing, if known or simply if they are up to date)

If a Dog:

Rabies _____ DHLPP (Distemper) _____ Bordatella (Kennel cough) _____

If a Cat:

Rabies _____ FVRCP _____ FeLV (leukemia) _____

FIP _____ FIV (Feline AIDS) _____

I am the owner of the above pet, or am acting as an agent for the owner. I certify that all of the above information is correct to the best of my knowledge.

Date ___ / ___ / ___ Signature: _____