

Abdominal Hernia History Examination

Patient: _____

Breed: _____

Age: _____ yrs

Sex: M F NM FS

Pet Owner's Name: _____

Date: _____

Patient history (to be completed by pet owner): please check boxes or fill in answers:

1. What are the primary signs of illness and duration that your pet is showing at home?

2. Check boxes of the problems that your pet is showing at home?

Constipation Staining to pass stools Straining to urinate Inability to pass urine. Frequent urination Bloody urine

Swelling protruding from the abdomen

Lethargy Decreased appetite Weight loss Weakness

Walking in circles Disorientation Wandering aimlessly Head pressing (persistently pushes head against wall or other) Pale gums Yellow gums

Excessive urination Excessive thirst

Salivation Regurgitation (no abdominal heaving/retching) Vomiting (abdominal heaving/retching present)

Skin rash

3. Has your pet's weight changed in the last 2 months? No Increased Decreased
Amount of weight change: _____ lbs

4. Vomiting: Frequency - _____ Contents of vomitus - _____

5. Describe your pet's bowel movements. Normal formed stools Soft-formed Cow patty Diarrhea Hard stools Blood Mucous Constipation

6. What oral medications is your pet receiving?

7. What diet are you feeding your pet?

_____ Not applicable
 Pet is normal Some improvement No improvement Signs are worsening

9. Has your pet anesthetized previously? No Yes

10. Were there any problems during or after anesthesia? Not applicable No Yes -
Describe: _____

11. Were vaccinations given within the past 12 months? No Yes (check applicable) -
 Rabies Distemper/parvo Leptospirosis Upper respiratory virus Leukemia virus

12. Is your pet current on Heartworm testing and preventive medication? No Yes

13. Does your pet receive any flea and/or tick preventative medication? No Yes

14. Other previous illnesses/comments:

=====

To be Completed by Veterinary Staff:

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9