

PDA 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 that your pet is showing at home and when they started?

2. Check boxes of the problems that your pet is showing at home? No signs

Lethargy Decreased appetite Exercise intolerance

Coughing Shortness of breath Increased respiratory rate Wheezing

Pale gums Gray/blue gums

Excessive urination Excessive thirst Frequent urination Bloody urine

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

Skin rash

3. Has your pet's weight changed in the last 4 weeks? No Increased Decreased
Amount of weight change: _____ lbs

4. Has your pet been evaluated by a cardiologist? Yes No

5. What oral medications is your pet receiving?

6. What diet are you feeding your pet? _____

7. What positive response have you seen with the medical therapy? Not applicable

Pet is normal Some improvement No improvement Signs are worsening

8. Has your pet anesthetized previously? No Yes

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

10. Were vaccinations given? No Yes (check applicable) - Rabies

Distemper/parvo Leptospirosis Upper respiratory virus Leukemia virus

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

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

13. Other previous illnesses/comments:

Temperature: _____ Pulse: _____ Mucous membrane color: _____

Body weight: _____ pounds

Resp: _____ Capillary refill time: _____ seconds

Body score: _____/9