PRAA 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? ____________________________
   ___________________________________________________________________________
   ___________________________________________________________________________

2. Check boxes of the problems that your pet is showing at home?
   [ ] Lethargy  [ ] Decreased appetite  [ ] Weight loss  [ ] Weakness
   [ ] Coughing  [ ] Sneezing  [ ] Increased respiratory rate  [ ] Wheezing
   [ ] Pale gums  [ ] Yellow gums
   [ ] Excessive urination  [ ] Excessive thirst  [ ] Frequent urination  [ ] Bloody urine
   [ ] Salivation  [ ] Regurgitation (no abdominal heaving/retching)  [ ] Vomiting (abdominal heaving/retching present)
   [ ] Skin rash

3. Duration of clinical signs: ____________________________

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

5. Regurgitation: Frequency - __________  [ ] Contents of regurgitation - ____________________________


7. What oral medications is your pet receiving?
   ____________________________________________________________________________________

8. What diet are you feeding your pet? ____________________________

9. What positive response have you seen with the medical therapy?  [ ] Not applicable
   [ ] Pet is normal  [ ] Some improvement  [ ] No improvement  [ ] Signs are worsening

10. Have you witnessed your pet ingesting any foreign objects/material?  [ ] No  [ ] Yes

11. Has your pet anesthetized previously?  [ ] No  [ ] Yes

12. Were there any problems during or after anesthesia?  [ ] Not applicable  [ ] No  [ ] Yes
    Describe: ____________________________________________________________________________

13. Were vaccinations given?  [ ] No  [ ] Yes (check applicable)  [ ] Rabies
    [ ] Distemper/purvo  [ ] Leptospirosis  [ ] Upper respiratory virus  [ ] Leukemia virus

14. Is your pet current on Heartworm testing and preventive medication?  [ ] No  [ ] Yes

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

16. Other previous illnesses/comments:
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

Temperature: _______ Pulse: _______ Mucous membrane color: ________________
Body weight: _____ pounds
Resp: _______ Capillary refill time: _____ seconds  Body score: _____/9