



## Animal Medical Clinic

Telephone 256-837-9700

4655 Research Park Blvd.

Huntsville, AL 35806

www.amchuntsville.com

### HISTORY FORM

#### History:

Why is your pet being seen by the clinic today? \_\_\_\_\_

How long has your pet had this problem? \_\_\_\_\_

Was there an initial traumatic incident? \_\_\_\_\_

Have you noticed any progression or improvements in the past, since you first noticed your pet's injury? \_\_\_\_\_

What type of food does your pet eat? How much? \_\_\_\_\_

Has your pet taken any of the following medications?

Aspirin \_\_\_\_ Rimadyl \_\_\_\_ Deramaxx \_\_\_\_ Etogesic \_\_\_\_ Metacam \_\_\_\_ Previcox \_\_\_\_

Tylenol \_\_\_\_ Amantadine \_\_\_\_ Tramadol \_\_\_\_ Gabapentin \_\_\_\_ Amitriptyline \_\_\_\_ Omega Fatty Acids (Fish Oils) \_\_\_\_

Glucosamine/Chondroitin Sulfate \_\_\_\_ MSM \_\_\_\_ Adequan \_\_\_\_ Hyaluronic Acid \_\_\_\_ Other (name) \_\_\_\_

What current medications does your pet receive? How much / How often? \_\_\_\_\_

What results have you seen? Percentage of improvement? \_\_\_\_\_

Has your pet had any corrective surgery for this problem? When? \_\_\_\_\_

Have you sought other treatment modalities in the past (heat/ice, acupuncture, massage, etc.)? Any beneficial effect? \_\_\_\_\_

Is there any significant travel history for your pet? \_\_\_\_\_

#### Functional Questions:

What is your pet's current activity level (compared to when they were one year old)? \_\_\_\_\_

Is your pet allowed on the furniture/bed? Is this difficult for them? \_\_\_\_\_

What type of flooring do you have (hardwood, tile, linoleum, carpet)? \_\_\_\_\_

Do you have stairs in or around your home? How many? \_\_\_\_\_

Does your pet have a difficult time rising from a laying position? \_\_\_\_\_

Does your pet become exhausted easily with exercise? \_\_\_\_\_

What kind of daily exercise does your pet receive? \_\_\_\_\_

Completed by Owner/Agent

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# Questionnaire Regarding Your Dog's Functions at Home

This questionnaire will help us learn more about how your pet functions in the home environment and will help us determine an individual plan of care for your pet. Please answer all of the questions, and place an (\*) next to the 3 items that concern you the most. Compare your responses today with those when your pet has been at its best.

## Positive Behaviors

Appetite	Excellent	Good	Fair	Poor
Mood	Excellent	Good	Fair	Poor
Contact with human family members	Excellent	Good	Fair	Poor
Frequency of tail wagging	Excellent	Good	Fair	Poor
Activity	Excellent	Good	Fair	Poor
Play and games	Excellent	Good	Fair	Poor

## Negative Behaviors

Excessive panting	Never	Infrequent	Frequent	Very Frequent
Licking of lips	Never	Infrequent	Frequent	Very Frequent
Vocalization (audible complaining)	Never	Infrequent	Frequent	Very Frequent
Vocalization when stretching hind legs back	Never	Infrequent	Frequent	Very Frequent
Aggressiveness towards human	Never	Infrequent	Frequent	Very Frequent
Aggressiveness towards other dogs	Never	Infrequent	Frequent	Very Frequent

## Locomotion

Walking	Excellent	Good	Fair	Poor
Trotting	Excellent	Good	Fair	Poor
Galloping/Running	Excellent	Good	Fair	Poor
Jumping	Excellent	Good	Fair	Poor
Climbing stairs	Excellent	Good	Fair	Poor
Descending stairs	Excellent	Good	Fair	Poor
Laying Down	Excellent	Good	Fair	Poor
Getting up	Excellent	Good	Fair	Poor
Difficulty moving after rest	Excellent	Good	Fair	Poor
Difficulty moving after major activity	Excellent	Good	Fair	Poor

Any additional comments regarding your pet? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by Owner/Agent

