

**Edina Pet Hospital, LLC**  
**Patient Assessment Form**

**For Office Use Only**

**Patient First Name:**

**Technician:**

**Patient Last Name:**

**Date:**

**Patient Folder:**

**Please circle all symptoms seen in the last 12 months:**

**Eyes**

Normal Discharge  
 Tearing Squinting  
 Redness Pawing  
 Hair loss Vision Loss

**Skin and Coat**

Normal Dander  
 Hair Loss Rashes  
 Lumps Swelling  
 Wounds Scratching  
 Licking Other

**Nervous System**

Normal Facial Drooping  
 Seizures Dragging of Limbs  
 Uncontrollable Body Movements  
 Irregular Walking Pattern  
 Change in Mental Awareness  
 Abnormal Head or Body Posture  
 Other

**Ears**

Normal Discharge  
 Odor Pain  
 Redness Head Shaking  
 Swelling Scratching  
 Hearing Loss Other

**Musculoskeletal (Bones, Joints)**

Normal Immobility  
 Swelling Nail Issues  
 Stiffness Pain  
 Weakness Other  
 Limping R Front  
 L Front R Rear L Rear

**Behavioral**

Normal Aggression  
 Destructive Fear/Phobias  
 Lethargy Sleeping More  
 Separation Issues Other  
 Vocalizing at Night

**Mouth**

Normal Odor  
 Pain Difficulty Chewing  
 Injury Excess Tartar  
 Other  
 Do you brush your pet's teeth?  
 Yes No Daily Weekly

**Urogenital (Kidneys, Bladder)**

Normal Accidents  
 Discharge Pain/Straining  
 Urine Color Change  
 Frequent Urination  
 Licking Other  
 Urine Volume Increase  
 Urine Volume Decrease

**Gastrointestinal (Stomach/Intestine)**

Normal Gagging  
 Soft Stool Diarrhea  
 Lack of Stools Appetite Changes  
 Vomiting: Food Liquid  
 Accidents: Urine Stool  
 Other  
 Number of Litter Boxes in Home: \_\_\_\_\_

**Respiratory (Breathing)**

Normal Labored  
 Sneezing Wheezing  
 Coughing Nasal Discharge  
 Congestion Other

**Cardiovascular (Heart/Circulation)**

Normal Rapid Heart Beat  
 Weakness Exercise Intolerance  
 Collapse Other

**Abdomen (Belly)**

Normal Distension  
 Shrinkage Pain  
 Other

**Medications:** \_\_\_\_\_

**Supplements:** \_\_\_\_\_

**Reactions to Vaccines or Medications:** Yes No \_\_\_\_\_

**Diet:** \_\_\_\_\_

**How often:** \_\_\_\_\_ **Measurement:** \_\_\_\_\_ **Canned Dry Raw**

**Treats:** \_\_\_\_\_ **Rawhides** \_\_\_\_\_ **Greenies** \_\_\_\_\_ **Chews** \_\_\_\_\_ **Table food** \_\_\_\_\_ **Home cook**

**Lifestyle:** \_\_\_\_\_ **Indoor** \_\_\_\_\_ **Outdoor** \_\_\_\_\_ **Travels:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Yard:** \_\_\_\_\_ **Fenced** \_\_\_\_\_ **Invisible Fence** \_\_\_\_\_ **Leashed** \_\_\_\_\_ **Tied** \_\_\_\_\_ **Goes Out** \_\_\_\_\_ **Hunting:** Yes No

**Does your pet have exposure to:** Wildlife \_\_\_\_\_ **Trees/Woods** \_\_\_\_\_ **Lakes/Ponds** \_\_\_\_\_ **Pet Stores** \_\_\_\_\_ **Grooming** \_\_\_\_\_  
 Other Water Features \_\_\_\_\_ **Day Care** \_\_\_\_\_ **Kennels** \_\_\_\_\_ **Dog Parks** \_\_\_\_\_ **Training Facilities** \_\_\_\_\_

**Other Pets:** Dog Cat Bird Other: \_\_\_\_\_

**Heartworm Preventive:** Yes No **All Year** \_\_\_\_\_ **Seasonal** \_\_\_\_\_

**Flea and Tick Preventive** Yes No **All Year** \_\_\_\_\_ **Seasonal** \_\_\_\_\_

**Do you purchase your preventives online?** Yes No **Where?** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_