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PATIENT HISTORY FORM

Phone number you can be reached at today (include area code) _____

Date _____ Owner's name _____ Pet's name _____

Please describe the problem(s): _____

How long has the problem existed? _____

Please note the following :

	<u>Normal</u>	<u>Increased</u>	<u>Decreased</u>
<u>Appetite</u>	_____	_____	_____
<u>Activity</u>	_____	_____	_____
<u>Urination</u>	_____	_____	_____
<u>Water drinking</u>	_____	_____	_____
<u>Bowel movements:</u>	Normal	Diarrhea	Constipation
<u>Coughing:</u>	yes no	<u>Labored breathing:</u>	yes no
<u>Vomiting:</u>	yes no		

If yes, approximately how many times per day? _____

Has your pet been on any medications previously for this condition? yes no

Specify _____ Did it help? yes no

List all medications that your pet is now receiving; _____

Any other useful information? _____

I grant authority for the attending veterinarian to administer sedation or general anesthesia to the above described pet if it is deemed necessary in his/her professional judgment. I understand the related risks involved with sedation or general anesthesia. It is further understood that the veterinarian will attempt to contact me prior to administration of sedation or general anesthesia. _____