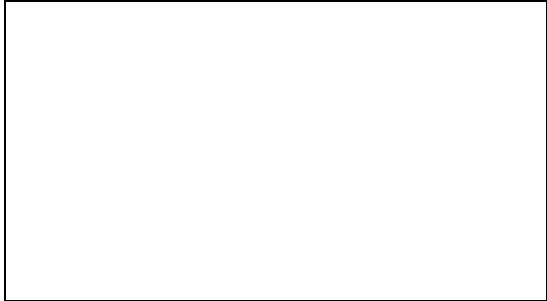


Gulf Coast Veterinary Surgery, Orthopedics & Neurology
Neurological Patient Information



DATE: _____

How long have you owned your pet? _____

Where was your pet obtained? _____

Has your pet traveled out of state in the past two years?
Yes No Unknown

If yes, where? _____

Has your pet ever had ticks? Yes No Unknown If yes, when? _____

Is your pet kept primarily outdoors or in the house? _____

Are there any other pets in your household? Yes No If yes, what? _____

What is your pet's diet? _____ How much and how often do you feed: _____

Is your pet ever fed table food? _____

Has your pet been boarded or hospitalized recently? Yes No Unknown

Has your pet been treated for any major medical problems? Yes No

If yes, what and when? _____

If your pet is neutered, what was his/her age at alteration? _____

If female and not neutered, when was her last heat? _____

If female, has she had any litters? Yes No Unknown

If yes, when? _____

Has there been a change in your pet's appetite? Yes No Unknown

If yes, is it **increased** or **decreased**? (circle one)

Has there been a recent change in your pet's weight? Yes No Unknown

If yes, has it **increased** or **decreased**? (circle one)

Has there been a change in your pet's water consumption? Yes No Unknown

If yes, is it **increased** or **decreased**? (circle one)

Is your pet urinating more frequently than normal? Yes No Unknown

Has your pet been straining to urinate? Yes No Unknown

Have you noticed your pet vomiting? Yes No Unknown

If yes, what is the frequency? _____

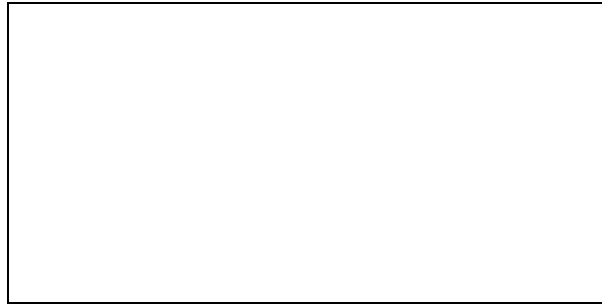
Has there been a change in your pet's bowel movements? Yes No Unknown

If yes, describe the appearance (color and consistency) _____

What is the frequency of defecation? _____

Has there been any straining to defecate? Yes No Unknown

Have you seen any blood in any urine, vomitus, or stool? Yes No Unknown



Has your pet been scratching? Yes No Unknown

Has your pet had any seizures or convulsions? Yes No Unknown

Has there been a change in your pet's attitude or behavior?

If yes, describe: _____

Has there been any change in your pet's walking? Yes No Unknown

Has your pet lost any stamina lately? Yes No Unknown

Have you noticed any abnormal swellings? Yes No Unknown

If yes, where? _____

Have you noticed any abnormal discharges or drainage? Yes No Unknown

If so, describe (eyes, nose, vulva; appearance). _____

Has your pet had difficulty breathing? Yes No Unknown

Has your pet had any coughing? Yes No Unknown

If yes, circle the most appropriate description below:

The frequency is **occasional, frequent, or continuous.**

It occurs most often at **night, morning, exercise, excitement, or anytime.**

Would you describe the cough as **mild, moderate or severe**

Has your pet had any unexpected reactions to medications? Yes No Unknown

Has your pet received aspirin or Ascriptin during the past six months. Yes No Unknown

Is your pet currently receiving medications? Yes No Unknown

If yes, give name and dosage (if known): _____

Describe your primary concern(s) about your pet. _____

When did this problem(s) begin? _____

PLEASE MAKE ANY ADDITIONAL COMMENTS ON THE REVERSE SIDE.