

SMALL ANIMAL TCVM PATIENT RECORD

Date: _____

Owner's name: Last _____ First _____

Address: _____

Telephone: home: _____ work: _____ cell: _____

E-mail address: _____

PATIENT IDENTIFICATION:

Patient name: _____ Breed: _____ DOB: _____

Sex: F FS M MC

GENERAL INFORMATION:

Pet's origin: adoption pet store breeder stray rescue other _____

Travel history:

Diet: dry canned home cooked raw free choice meal

brand _____ treats (type/quantity) _____

type of protein in diet _____

recent change in diet? yes no recent ingestion of garbage? yes no

abnormal eating behavior? _____ eats grass? yes no

if having a procedure – when did he last eat?

Drinking habits: sips drinks heavily normal intake excessive intake

access: constant intermittent

Food bowls: plastic glass ceramic stainless steel

Kitty litter brand: _____

Current supplements / medications:

Food or Drug allergies:

Heartworm preventative: interceptor heartguard revolution

other:

Flea/Tick prevention: _____

Vaccination history: last vaccinated _____ vaccines given _____

If your pet is a cat: what is their FeLV/ FIV status? _____

Lifestyle: indoor outdoor indoor but outdoor to play regular exercise

Exposure: kennels groomers playgroups travel out of town

Pet's preferences: (check only if applicable)

lying in the sun or in warm locations / on warm surfaces (carpet, by the fire, under the covers)

or lying in shade or cool areas (concrete or tile)

lounging **or** active play

massage / brushing **or** limited touch

likes: company of people company of other animals enjoys children loner

Does your pet pant often and seem overall more hot than cold? yes no

Phobia's: noise thunderstorms people animals other(please explain at the end)

Pet's personality:

MEDICAL PROBLEM HISTORY: (list problems according to priority)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PRESENTING COMPLAINT/ PROBLEM: please describe progression of problem and main concerns.

Beginning date: _____ constant intermittent getting worse

Are clinical signs associated with: time of day certain food exercise excitement / noise emotions weather heat cold damp wind dryness

Origin of Problem: _____

Response to medication: complete partial adverse unsuccessful

What medications have been used?

OTHER AREAS OF CONCERN: check all applicable:

appetite thirst urination stool character stool frequency vomit breathing coughing sneezing nasal discharge genital discharge mammary discharge ocular discharge discharge/smell in ears squinting strange odors unusual lumps or bumps general attitude fitness
(please explain at the end if necessary)

Any possibility of environmental toxic exposure? yes no

PLEASE CHECK ALL APPLICABLE DESCRIPTORS UNDER EACH CATEGORY:

FIRE

lively / playful	insomnia
likes to kiss	tongue ulcers
communicative	separation anxiety
very friendly	restlessness, hyperactive
affectionate	mental disturbance
loves to be petted	crazy (“naked dance on roof”)
noisy	too noisy
center of the party	heart problems

EARTH

relaxed, laid back	frequent diarrhea/soft stool
serene and balanced	constipation
round and large	loss of appetite
loyal, friendly	frequent vomiting
serene and balanced	gum disease / lip disease
slow and consistent	abdominal pain
cares for others (motherly)	weak muscles
good appetite	overeater-obese
normal bowel activity	worrier

METAL

loves order	asthma
obeys the rules	dry skin
aloof, quiet	sinus problems
symmetrical body	breathing disorder
disciplined attitude	nose problems
independent	upper airway / lung infection
good haircoat	weak voice
	cough

WATER

careful	hindend weakness
curious but fearful	withdrawn, overly fearful
self-contained	bone / back issues, arthritis

likes to hide, runs away	urinary problems
meditative, good observer	disturbed growth
strong teeth and bones	deafness, bad teeth
timid / shy	kidney problems
fear bites	reproduction problems

WOOD

decisive or competitive	ligament / tendon problems
assertive or confident	liver problems
dominant or aggressive	red eyes
strong, fearless	irritable or angers easily
impulsive, hasty	ear problems
athletic-stamina	nail problems
pioneer spirit	seizure activity
alpha animal	footpad or foot problems
“the general”	anal sac issues

If your pet has arthritis:

Do they seem painful weak stiff?

Are they worse in the summer (heat) or winter (cold)?

Do they like to be massaged or dislike touch?

After they walk for a bit do the signs improve? yes no

ADDITIONAL COMMENTS: