



Austin Veterinary Emergency & Specialty Center
Dentistry and Oral Surgery
PATIENT HISTORY

DATE: \_\_\_\_\_

What symptoms have you observed at home?

\_\_\_\_\_
\_\_\_\_\_

How long have the symptoms been present?

\_\_\_\_\_

Are the symptoms:

Progressing \_\_\_\_\_ Staying the same \_\_\_\_\_ Improving \_\_\_\_\_

When did your pet last receive a professional dental cleaning under anesthesia? \_\_\_\_\_

Has your pet had previous tooth extractions? \_\_\_\_\_

Has your pet ever received other advanced dental procedures (root canal, etc.)? Please Explain.

Do you provide dental home care? Yes \_\_\_\_\_ No \_\_\_\_\_ For how long? \_\_\_\_\_

Type of home care:

Tooth brushing \_\_\_\_\_ How often? \_\_\_\_\_

Dental chews/treats \_\_\_\_\_ What kind? \_\_\_\_\_ Water additive \_\_\_\_\_ What brand? \_\_\_\_\_

Does your pet chew on toys or bones? If so, what type and how frequent? \_\_\_\_\_

Is your pet otherwise normal? Yes \_\_\_\_\_ Or are there other medical problems we need to know about?

\_\_\_\_\_

Has your pet had any previous surgery other than spay or neuter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of surgery? \_\_\_\_\_

Is your pet on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

What medication(s) is your pet currently taking for this problem? \_\_\_\_\_

What medication has your pet taken for this problem in the past: \_\_\_\_\_

If medications are being used to treat the condition for which we are evaluating your pet, have they been associated with any improvement in the condition? \_\_\_\_\_

Have medications been previously used that were NOT successful? \_\_\_\_\_

Please list ALL medications your pet currently takes for UNRELATED problems: \_\_\_\_\_

\_\_\_\_\_

What kind of food do you feed your pet? \_\_\_\_\_

How much per day? \_\_\_\_\_

What types of snacks/treats do you feed your pet and how often (if not listed above)? \_\_\_\_\_

Do you have other pets? Yes \_\_\_\_\_ No \_\_\_\_\_ What breeds or species? \_\_\_\_\_

Form box containing labels for Last Name and Patient Name.