

# Lombard Animal Hospital

\*607 NE LOMBARD STREET, PORTLAND, OR 97211 \* 503.285.2337\*

## MEDICAL HISTORY/EXAMINATION FORM

Date: \_\_\_\_\_ Current Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Owner/Guardian Name: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_  
If this is not a Routine Wellness Exam, what is the patient's main medical problem(s)?  
\_\_\_\_\_

Has he/she been treated here for this problem before? Yes \_\_\_ No \_\_\_

Has he/she been treated elsewhere for this problem? Yes \_\_\_ No \_\_\_

If yes, which hospital? \_\_\_\_\_

**My pet is currently taking one or more of the following: any medications, supplements, over-the-counter products, flea and tick prevention, heartworm prevention, or internal parasite prevention. Yes \_\_\_\_\_ No \_\_\_\_\_**

**\*\*If yes, please list on the "Current Medications and Diet Form."**

Percentage of Time this pet is: Indoors \_\_\_% Outdoors \_\_\_%

I travel with my pet: Yes \_\_\_, Where \_\_\_\_\_ No \_\_\_

### Patient's Current Condition

Appetite: Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_ Last time pet ate: \_\_\_\_\_

Water Intake: Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_

Vomiting: Yes \_\_\_ No \_\_\_ Diarrhea or abnormal stool: Yes \_\_\_ No \_\_\_

Urination: Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_ Other: \_\_\_\_\_

Coughing: Yes \_\_\_ No \_\_\_ If yes, how often: \_\_\_\_\_

Sneezing: Yes \_\_\_ No \_\_\_ If yes, how often: \_\_\_\_\_

Pet's Energy Level: Normal \_\_\_ Increased \_\_\_ Decreased \_\_\_

Perceived Pain Level: 0 \_\_\_ 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_ (5 equals unbearable pain)

Other unusual symptoms or behavior: \_\_\_\_\_

Anything else we should know about your pet or his/her environment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Our mission is to provide a pawsitive experience for you and your pets.  
Thank you for this opportunity -- The Lombard Team**