

TCVM PATIENT HISTORY SHEET



Temperature preference:	Shade or Cool	Sun or Hot	Neutral		
Water Intake:	Normal Increased	Drinks very little Decreased	Always thirsty		
Food Intake:	Normal	Finicky	Poor Appetite	Ravenous	
Voice:	Strong	Weak			
Cough:	Dry Daytime	Wet Nighttime	Loud Worse at night	Weak	
Respiration:	Normal	Strong	Shallow	Fast	
Feces:	Dry Mucous	Constipated Incontinent	Watery Strong Odor	Bloody Soft-serve/pudding-like	
Urination:	Long	Short	Incontinent	Strong odor	Bloody
Vomiting:	Much Just after eating	Little Weekly	Bile Monthly	With undigested food	
Sleeping:	All the time Likes a soft bed Prefers to lie in the sun Muscle jerking during sleep--how many times a week?	Very little Likes a hard surface	Vocalizes/wakes owner at night Prefers to lie in the shade		
Stiffness	Recent onset Worse:	Chronic In the morning In Hot weather After walks	In the evening In Cold weather Before walks	In Damp weather	
Massage:	Likes	Dislikes			

Please check all that apply to your pet

Owner: _____
 Patient: _____
 Date: _____