



Patient History

Date: [Click here to enter a date.](#)

Your Name/s: [Click here to enter text.](#)

Pet's Name: [Click here to enter text.](#)

Primary Reason for hospice visit: [Click here to enter text.](#)

Please check the symptoms below which you are observing in your pet:

Limping: ☐

Whining/ Vocalizing: ☐

Vomiting: ☐

Loss of Appetite: ☐

Increased Appetite: ☐

Diarrhea: ☐

Constipation: ☐

Excessive Thirst: ☐

Decreased Water Consumption: ☐

Excessive Urination: ☐

Urinary Incontinence: ☐

Fecal Incontinence: ☐

Weight Loss: ☐

Weight Gain: ☐

Coughing: ☐

Sneezing: ☐

Bed Sores: ☐

Itching/Scratching Excessively: ☐

Seizures: ☐

Dementia: ☐

Hearing Loss (doesn't respond as usual when you call): ☐

Vision Loss (bumping into objects): ☐

Growling or howling or wincing when certain body parts are touched: ☐

Please use this space to elaborate on any conditions which you checked above. Focus on how often you see the symptom, how severe you think the symptom is, and how it affects your pet's quality of life:

[Click here to enter text.](#)

Has your pet been diagnosed with a medical condition? YES: ☐ NO: ☐

(If yes, Dr. Doffermyre may need for you to request medical records be sent to her.)

Please describe your understanding of the diagnosis: [Click here to enter text.](#)

What treatments have been used? Please list each medication and include strength of medication (typically in mg/tablet or capsule or mg/ounce if liquid) Please include how often it is given.

[Click here to enter text.](#)

How would you describe your pet's response to treatment? [Click here to enter text.](#)

Please list any medications, prescription diets or nutritional supplements which were not listed above:

[Click here to enter text.](#)

What are your expectations and concerns for your pet's hospice care? [Click here to enter text.](#)

Who is the primary caretaker for your pet? [Click here to enter text.](#)

How does your pet's condition affect your quality of life/ your family's quality of life? [Click here to enter text.](#)

Thank you for your attention to your pet,

Lide Doffermyre, DVM