



**ADVANCED CARE VETERINARY HOSPITAL**

12443 POWAY ROAD, POWAY, CA 92064  
P: 1-858-486-8860 F: 1-858-486-0810

DATE OF APPT:

TIME OF APPT:

DVM:

**Orthopedic History**

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Canine or Feline: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Color/Breed: \_\_\_\_\_

Person(s) that will be bringing in pet: \_\_\_\_\_

Date of birth or Age: \_\_\_\_\_

\_\_\_\_\_

Weight (if known): \_\_\_\_\_

Please list your primary reason for visit today: \_\_\_\_\_

\_\_\_\_\_

When did you first notice the concern?: \_\_\_\_\_ Onset: **sudden/slow**

Where on the body did the problem begin? \_\_\_\_\_

Did you observe any injury happen (ie: jumping off of the couch, etc)? \_\_\_\_\_

Does your pet limp? **Yes/No** When? **Constant/Sporadic/Night**

On a scale of 1-10, with 10 being the most uncomfortable, how uncomfortable is your pet? \_\_\_\_\_

Have you had any diagnostic tests done elsewhere? If so, where? \_\_\_\_\_

\_\_\_\_\_

Do you have any thoughts about what makes your pet worse? \_\_\_\_\_

What is their lifestyle like? (indoor, outdoor, parks, beaches, hiking, grooming, boarding or traveling)? If traveling, where to?: \_\_\_\_\_

Any weight change (loss/gain) that you have noticed? \_\_\_\_\_

List any prescription medications, flea/heartworm/tick prevention or supplements your pet is currently taking (please include frequency and dose given [ie: 1 tablet twice a day]) \_\_\_\_\_

\_\_\_\_\_

When were the medications last given [ie: last night at 6pm, this morning at 8am]? \_\_\_\_\_

Any known allergies to food, medications, environmental, etc? If so, explain: \_\_\_\_\_

\_\_\_\_\_

Any previous injuries, illnesses or surgeries?: \_\_\_\_\_