

History Taking Checklist

Owner's Name: _____

Contact Information (Phone Number): _____

Pet's Name: _____

I. Basic Information (Signalment)

- Species:
☐ Dog ☐ Cat ☐ Rabbit ☐ Bird
☐ Other (Please specify: _____)
- Breed: _____
- Age: _____
- Sex and Neutered status:
☐ Male ☐ Female ☐ Neutered Male ☐ Spayed Female

II. General Condition

- Appetite:
0% Less than half 50% More than half As usual More than usual

--	--	--	--	--	--
- Activity Level:
0% Less than half 50% More than half As usual More than usual

--	--	--	--	--	--
- Defecation:
☐ Same as the usual
☐ Changes observed (e.g., diarrhea, constipation, unusual color):

- Urination:
☐ Same as the usual
☐ Changes observed (e.g., frequent, painful, unusual color):

III. Current Condition

- Primary Concerns or Symptoms: _____
- When did these symptoms begin? Date: _____
- Progression of Symptoms (Please select one):
☐ Stable ☐ Improving ☐ Worsening
- Actions Taken (Any treatments, home remedies, or medications used):

IV. Medical History (Past Condition)

- Previous Illnesses or Injuries: _____
- Previous Treatments (Medications, surgeries, etc.):

V. Current Medications

1. Current Medications and Supplements (Include names and dosages):

2. Any known drug allergies or side effects?

☐ No ☐ Yes (Please specify):

VI. Preventive Care (Prevention)

1. Parasite Prevention (Fleas, ticks, heartworms, etc.):

☐ Brand/Drug:

☐ Date administered:

2. Vaccinations

☐ Rabies (Date of last vaccination:

)

☐ Combination Vaccine (Date of last vaccination:

)

VII. Living Environment

1. Diet (Primary food and treats):

☐ Commercial diet (Which brand? :

)

☐ Home-made food (What kind of? :

)

☐ Others:

2. Indoor/Outdoor Status:

☐ Primarily indoor ☐ Indoor and outdoor access

☐ Primarily outside ☐ Others:

3. Sleeping Area (Type of bedding or location):

4. Exercise (Frequency and duration of walks or play):

5. Other Animals in Household:

☐ No ☐ Yes (Please list species and number):

VIII. Recent Changes or Notable Behaviors

1. Any unusual behaviors or changes noticed?:

2. Have there been any recent changes in household routine or environment?
(Examples: Moving, new household members, schedule changes, etc.)

Dr. Yasuko Watanabe (BVSc, BVM&S)
Educational Corporation MGL, Takasaki Animal College
Department of Animal Nursing

FUJIFILM

FUJIFILM Corporation

26-30, NISHIAZABU 2-CHOME, MINATO-KU, TOKYO 106-8620, JAPAN

©2014 FUJIFILM Corporation