

General Information

Why are you bringing your pet in to see us? _____

Have you traveled anywhere out of state with your pet? Yes / No

If so, when and where? _____

Is your pet current on vaccines, flea/tick/heartworm medications? Yes / No

If so, what kind of product do you give?

Has your pet had any previous medical problems? Yes / No

If so, please describe:

Is your pet ever exposed to bodies of water (lakes, streams, puddles, rivers, etc.) or in contact with areas that have rodents?

Yes / No

Does your pet frequent areas where rattlesnakes are present? Yes / No

If you answered yes to either of the previous two questions, we recommend asking about Rattlesnake and Leptospirosis vaccinations.

Clinical History

Has your pet's activity level or energy level changed recently? Yes / No

Have you noticed your pet drinking more water? Yes / No

Have you noticed your pet urinating more often? Yes / No

Is your pet having difficulties urinating? Yes / No

Is your pet vomiting? Yes / No / Unsure

Is your pet having diarrhea? Yes / No

Is your pet having trouble defecating? Yes / No

Does your pet have any trouble breathing? Yes / No

Have you noticed your pet coughing recently? Yes / No

Have you noticed any changes in your pet's skin? Yes / No

Have you noticed any weight loss? Yes / No

Weight gain? Yes / No

What kind of food do you feed your pet? _____

Has your pet's appetite level changed? Yes / No

Is your pet on any medications currently? Yes / No

If so, what kind and how often are they given? Please list:

Is your pet limping? Yes / No

If there are other concerns about your pet not mentioned above, please list below:

On a scale of 1 to 10, how well do you think your pet feels today? 1 2 3 4 5 6 7 8 9 10

Bad

Good