

**Pet's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
**Owner's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phones: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **x** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Food**

Wet Food Brand: \_\_\_\_\_ Amount: \_\_\_\_\_ Dry Food Brand: \_\_\_\_\_ Amount \_\_\_\_\_

Treats: \_\_\_\_\_ How Often? \_\_\_\_\_

Table Scraps? Y/N What Kind? \_\_\_\_\_

**Do you feed your pet any dietary supplements? If so, what?**

W

<p><b>Health - Please check all that apply.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Increase in appetite</li> <li><input type="radio"/> Decrease in appetite</li> <li><input type="radio"/> Not eating</li> <li><input type="radio"/> Increased thirst</li> <li><input type="radio"/> Not drinking</li> <li><input type="radio"/> Frequent urination</li> <li><input type="radio"/> Frequent diarrhea or loose stools</li> <li><input type="radio"/> Increase in quantity of urine</li> <li><input type="radio"/> Strains to urinate or defecate</li> <li><input type="radio"/> "Scoots" rear along floor</li> <li><input type="radio"/> Wakes me to go out at night</li> <li><input type="radio"/> Misses litter box</li> <li><input type="radio"/> Urinates or defecates in places other than the box</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Spends time in litter box with no production</li> <li><input type="radio"/> Blood in urine or stool</li> <li><input type="radio"/> Leaves a "puddle" of urine when she gets up</li> <li><input type="radio"/> Vomits daily or weekly</li> <li><input type="radio"/> Coughs frequently</li> <li><input type="radio"/> Sneezes frequently</li> <li><input type="radio"/> Scratches or is itchy frequently</li> <li><input type="radio"/> Licks or scratches at ears, paws or belly</li> <li><input type="radio"/> Noticeable hair loss</li> <li><input type="radio"/> Bumps or Lumps?</li> <li><input type="radio"/> Pain</li> <li><input type="radio"/></li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Labored Breathing</li> <li><input type="radio"/> Limping (associated with exercise) or upon rising</li> <li><input type="radio"/> Lethargy</li> <li><input type="radio"/> Difficulty walking or climbing stairs</li> <li><input type="radio"/> Stares off into space</li> <li><input type="radio"/> Disturbance in sleep/wake cycles</li> <li><input type="radio"/> Paces</li> <li><input type="radio"/> Reduced social interaction with owner</li> <li><input type="radio"/> Loss of normal house training</li> <li><input type="radio"/> Does not recognize friends or family</li> </ul>
<p><b>Behavior – Please check all that apply.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> High activity level</li> <li><input type="radio"/> Moderate activity level</li> <li><input type="radio"/> Sedentary</li> <li><input type="radio"/> Decreased activity level</li> <li><input type="radio"/> Goes outside frequently</li> <li><input type="radio"/> Indoors Only</li> <li><input type="radio"/> Outdoors Only</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Walks in woods</li> <li><input type="radio"/> Walks in city</li> <li><input type="radio"/> Exposed to other pets</li> <li><input type="radio"/> Boards Frequently</li> <li><input type="radio"/> Travels Frequently</li> <li><input checked="" type="radio"/> Exposed to wildlife near home</li> <li><input checked="" type="radio"/> Goes near streams, stagnant water</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Obedience/training classes</li> <li><input checked="" type="radio"/> Doggie Daycare</li> <li><input checked="" type="radio"/> Contact with neighborhood pets</li> <li><input checked="" type="radio"/> Dog Park</li> <li><input checked="" type="radio"/> Repetitive behaviors</li> <li><input type="radio"/> Any new experiences such as bathing, fireworks, moving, new pet, new baby, visitors?</li> </ul>

**Have you noticed any behavioral changes? Y/N If yes, please elaborate.**

**Have you visited another veterinarian since your last visit here? Y/N If yes, please elaborate.**

**Is there anything you'd like to discuss with the doctor?**

**Year Round Heartworm medication:** \_\_\_\_\_  
**Year Round Flea/Tick Preventive:** \_\_\_\_\_  
**Medications** (Not necessary if we regularly see your pet, and your pet hasn't been elsewhere.)

**Previous Veterinarian:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
*(if applicable)*