

**Pet's Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**How are your pet's symptoms:** *(Elaborate and include duration as needed.)*

**Appetite:**     Normal     Decreased     Increased *(how?)* \_\_\_\_\_

**Thirst:**     Normal     Decreased     Increased *(how?)* \_\_\_\_\_

**Stools:**     Normal     Abnormal     Increased *(If abnormal, please describe color and consistency. Any blood, mucus, straining, increased frequency or increased urgency to defecate)*  
\_\_\_\_\_

**Urinations:**     Normal     Abnormal *(If abnormal, please describe color, any blood, and straining, leaking, accidents in the house, increased frequency or urgency to urinate)* \_\_\_\_\_

**Vomiting?**     Yes     No *(If yes, please describe what the vomit looks like and how often your pet is vomiting)*  
\_\_\_\_\_

**Coughing/Hacking Cough?**     Yes     No *(If yes, please describe how often, if coughing is worse at any certain time of the day and if the cough is worsened by exercise or excitement)*  
\_\_\_\_\_

**Fainting/Collapse?**     Yes     No *(If yes, please describe how frequently this has occurred, how long the episodes last, what happened right before the episode and how long does it take for your pet to return to "normal")* \_\_\_\_\_  
\_\_\_\_\_

**Labored Breathing?**     Yes     No *(If yes, please describe when this occurred, was any medication given or prescribed to help improve the breathing?)* \_\_\_\_\_

**Activity level:**     Normal     Decreased     Increased *(Please describe when you first noticed a change in your pet's activity level)* \_\_\_\_\_  
\_\_\_\_\_

**What current medications is your pet taking? Please list all name, dose and frequency if known.**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Does your pet need any refills on any of his/her medications? Would you like medications filled here or written prescriptions to fill at your local pharmacy?**     Yes     No *(If yes, please note choice and medications below)*

_____	_____
_____	_____
_____	_____