

PET NAME: _____

OWNER NAME: _____

PRESENTING COMPLAINT: *(Why is your pet coming to see us?)* _____

SYMPTOMS: *(Please **circle** your answer. Elaborate and include duration as needed)*

Appetite: Normal Decreased Increased _____

Thirst: Normal Decreased Increased _____

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? 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) _____

Sneezing? Yes No
(If yes, please describe how often and if any discharge comes out when sneezing) _____

Nasal Discharge? Yes No
(If yes, please describe discharge in detail and if coming from one nostril or both) _____

Do you feel your pet has lost weight? Yes No
(If yes, do you know how much weight has been lost and when you first noticed the weight loss?) _____

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

Please describe any abnormal behavior in detail and when it began: _____

Please describe any other symptoms not listed above: _____

Has he/she been seen by another veterinarian for any of the above listed problems? [] No [] Yes
(If yes, when/where) _____

Have any of the following diagnostic tests been performed?

Blood Work:	Yes	No	If yes, when?	_____
Urinalysis:	Yes	No	If yes, when?	_____
Radiographs (X-Rays):	Yes	No	If yes, when?	_____
Ultrasound:	Yes	No	If yes, when?	_____

PRIOR MEDICAL HISTORY:

Does your pet have any current/past medical problems, allergies, or prior surgeries (*other than spay/neuter*)? [] No [] Yes
(Please list) _____

Is your pet up-to-date on his/her rabies vaccination? [] Yes [] No

CATS: Has your cat been tested for: FeLV (Feline Leukemia Virus) [] Yes [] No [] Unsure
If yes, when: _____

FIV (Feline Immunodeficiency Virus) [] Yes [] No [] Unsure
If yes, when: _____

Is your cat: (*please circle one*) Indoor Only Indoor/Outdoor Outdoor Only

MEDICATIONS:

List all medications given to your pet including:

[] Heartworm preventative: _____	Last given: _____
[] Flea/tick preventative: _____	Last given: _____
[] Vitamins/other supplements: _____	Last given: _____

Other medication name/dose/frequency (please list dose in milligrams if known):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Do you feel that any of these medications have helped any of your pet's symptoms? Yes No

(If yes, please explain which one helped and how) _____

DIET:

What is your pet currently eating? *(Please list brand, canned or dry, amount fed and how often)*

Have you recently changed diets for any reason? Yes No
(If yes, when?) _____

If you have changed diets for any reason, what is your pet's normal diet? *(Please list brand, canned or dry, amount fed and how often)* _____

MISCELLANEOUS:

Do you feel that your pet's symptoms were brought on by anything specific? *(Example: eating something abnormal/different, an injury, new medication, etc...)* _____

Are any other pets in your household ill with similar symptoms? If so, please explain.

Did your regular veterinarian recommend any specific tests today? _____

Is your pet usually friendly at the veterinarian's office? _____
