



Please Give Us Some Important Information About Your Pet's Health

Owner _____ Pet _____ Date _____

Habitat: Indoor only Mostly indoor Outdoor only Mostly outdoor In and out freely Near pond, lake, creek, barn

Appetite: Very good Good Erratic Picky Poor Very poor

Change in appetite: Up Down **Food(s):** _____

Diet: Eats specific meals Fed free choice % table food _____ % treats _____ % dog/cat food _____

Thirst and Urination: Normal thirst Drinks excessively Urinates more Urinates less Accidents in house

Activity level: Very active Normal Very inactive More active Less active

YES NO

Any **allergies** or **allergic reactions** (e.g., to Vaccines)? _____

Do you **board** your pet?

Lameness: Which leg(s) _____ Constant Intermittent Duration: _____

Behavior: Any notable change? _____

Seizures When started? _____ How often? _____ Duration? _____

Vomiting: If yes, how often? _____

What is vomited? _____

Is there a relationship to eating? No Yes How long after eating? _____

Diarrhea: Occasionally Frequently Frequency: _____

If diarrhea is present: Number of bowel movements per day: _____

Straining to defecate: Yes No

Coughing: Occasionally Frequently

Sneezing: Occasionally Frequently

Nasal discharge: Pus Watery Bloody Duration: _____

Skin growths or tumors Where? _____ How long present? _____

Itching: Seasonal Year-round Location(s) on the body: _____

History of **fight wounds:** How many in the last 2 years: _____

Cat **tested positive** for: Feline Leukemia Virus Feline AIDS Virus If yes, how long ago? _____

Fleas or ticks noted recently?

Dog/cat on **heartworm preventative?** Irregularly Regularly Number of months per year: _____

On **flea preventative?** What product? _____ Irregularly Regularly Number of months per year: _____

Medications regularly taken: _____

Summary of your **concerns:** _____

Has your address or phone number(s) changed since last year?

New information: _____