

Client Name

Pet Name

Species (Dog or Cat)

What concerns you about your pet today?

How long has this problem been going on for?

Any other Problems?

Past Pertinent History

General Appearance/Attitude

Any Behavior issues?

Any allergies (that you know of)?

Any history of seizures?

Any past surgeries?

Is your pet: Indoor, outdoor or both

Does your pet have any access or exposure to open space? Tick exposure?

Any potential exposure to toxins (insecticides, poisons, antifreeze?)

Has your pet had any of the following:

Vomiting yes/no

Diarrhea yes/no

Coughing yes/no

Sneezing yes/no

If yes, for how long?

Is your pet:

Eating normally? Yes/no

Drinking normally? Yes/no

Urinating Normally? Yes/no

Bowel Movements Normal? Yes/no

If cat: using litter box appropriately? Yes/no

If using litter box: what kind of litter do you use?

What is your pet's diet including name brand and how much do you feed per day? Grain Free Diet?

Is your pet currently taking any medication? Yes/no

If yes, what medication and dosage:

Was medication given today? Yes? What time? No?

Is your pet on consistent flea control? Yes/no

If yes, which one?

Is your pet microchipped? Yes/no

Is your pet spayed or neutered or no?

Is your pet current with rabies vaccination? Other vaccines? Yes/no

Any history of vaccine reactions? Yes/No

If yes, describe the reaction and when it happened?

Has your pet had a fecal analysis in the last 6 months? Yes/no

Is your pet on consistent heartworm prevention? Yes/no

If yes, which one?

Are there other pets at home? Yes/ No, dogs? Cats? Other?

Do you have pet insurance?