

Vomiting: food blood phlegm How Often? _____

Diarrhea: mucus blood straining How Often? _____

Eating: more less eating foreign objects How long? _____

Drinking: more less How long? _____

Urination: painful blood noticed straining not urinating excessive urination

How long? _____

Sneezing/Coughing: any discharge difficulty in breathing

dry hacking cough congested cough

How often is the coughing and/or sneezing? _____

Eyes: Which one? _____ How long? _____

Color and consistency of discharge if present _____

Ears: Which one? _____ How long? _____

itching odor discharge Describe discharge if present _____

Skin: irritation/itching hair loss fleas family members itching

How long has patient been itching? _____ Is it seasonal? _____

Have you used any new shampoos, dips or topical medications? _____

Did you have anything new in the house right before skin problems (new carpet, etc)? _____

Seizures: How often? _____ How frequent? _____

How long? _____

Limping: Which leg? _____ How long? _____

Any known reaction to medications or vaccines? _____

Any other pre-existing problems (if new patient)? _____

Currently on any medications, and if so when was the last dose given? _____

Is your pet on heartworm prevention? _____ If so what kind? _____

If not when was the last preventative given? _____

Any additional information: _____

May we start diagnostic tests or X-rays? _____ May we start treating the problem? _____

Is there a strict limit on the dollars to be spent? _____

Phone number where we can reach you: _____

TO PROTECT THE HEALTH OF ALL OF OUR PATIENTS, IF YOUR PET HAS FLEAS OR TICKS WE WILL APPLY A PREVENTATIVE ON HIM OR HER AT AN ADDITIONAL CHARGE. UNLESS EMERGENCY TREATMENT IS REQUIRED, WE INTEND TO DISCUSS WITH YOU ANY OTHER PROCEDURES AND/OR TREATMENTS AS WELL AS APPROXIMATE COSTS BEFORE PROCEEDING.

Owner/Agent Signature: _____ Date: _____