



Last Name: _____ **Pet's Name:** _____

Please state the **reason for your visit today:** _____

When did you first notice this problem? _____

Has your pet been treated for this problem before? _____

How has this problem changed since you first noticed it? _____

Please list any **previous illnesses**, injuries, or infectious disease: _____

Has your pet been spayed or neutered? _____ If not, when was date of **last heat/pregnancy?** _____

Please list any other **previous surgical procedures:** _____

Please list any know **allergies**, including medications, anesthetics, or food: _____

Is your pet current on all **vaccines**, including rabies vaccine? _____

Has your cat been tested for **Feline Leukemia and/or FIV** within the last year? _____

What were the results? FeLV (Feline Leukemia) _____ FIV _____

Does your pet currently receive **heartworm prevention?** _____ What kind? _____

Date of last heartworm test _____ Result of last heartworm test _____

Does your pet **go outside unattended?** _____ Is your yard fenced or unfenced? _____

Are there any drugs, toxins, or medications in your pet's environment that he/she could have ingested or been exposed to? _____ if so, please list them _____

Does your pet **work or compete?** _____ if so, what type? _____

Where did you obtain your pet? _____

How long have you owned your pet? _____

What is the present health of the parent, sibling, or offspring of your pet? _____

Please list all other animal in your household: _____

What brand of **food(s)** and treats does your pet eat _____ Dry/Canned? _____

What **quantity** and how **often** do you feed your pet? _____

Please list **any medication** your pet is currently taking, including any over-the-counter medications: _____

Please circle all that apply:

Attitude: Normal Depressed k/Lethargic

Appetite Normal Increased Decreased y nknown

Vomiting V

Defecation Normal Diarrhea Constipation Unknown

) : Normal Increased Decreased Unknown

Urination: Normal Increased Decreased Unknown

Coughing V

Sneezing V Yes

Incontinence V Yes

Seizures V Yes

Lameness V Yes @yes, which leg? _____

Scratching V Yes @yes, where? _____

Please describe **any other symptoms or abnormalities** that your pet may be experiencing today: _____

How did you hear about us? Veterinarian Newspaper Magazine Internet Road Sign Other

