NORTH GEORGIA VETERINARY SPECIALISTS

Partnership + Expertise + Compassion

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 the date of **last heat/pregnancy**? _____

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

Please list any **known 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(s) in your household: _____

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

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 check off all that apply:

Attitude:	Normal ☐	Depressed ☐	Weak/Lethargic ☐					
Appetite:	Normal ☐	Increased ☐	Decreased ☐	Unknown ☐				
Vomiting:	No ☐	Yes ☐						
Defecation:	Normal ☐	Diarrhea ☐	Constipation ☐	Unknown ☐				
Drinking:	Normal ☐	Increased ☐	Decreased ☐	Unknown ☐				
Urination:	Normal ☐	Increased ☐	Decreased ☐	Unknown ☐				
Coughing	No ☐	Yes ☐						
Sneezing:	No ☐	Yes ☐						
Incontinence:	No ☐	Yes ☐	If yes:	Urination ☐	Defecation ☐			
Seizures:	No ☐	Yes ☐						
Lameness:	No ☐	Yes ☐	If yes, which leg? _____					
Scratching:	No ☐	Yes ☐	If 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** ☐

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