

What is the reason for this visit? _____

- If there is a problem, when did it start and has it progressed? _____
- Please list any medications he/she is taking, including flea and heartworm prevention, as well as dietary supplements:

- What diet is our pet currently on and how much does he/she get a day?

- Have you seen any changes in your pet's bathroom habits and if so in what way?

- Does your pet live indoor or outdoor, exclusively or both?

o Go for leash walks? _____

o Go outside supervised? _____

o Go out unsupervised? _____

- Has your pet been painful and if so where? _____
 - o How long ago did you notice the problem? _____
 - o Please rate your pet's pain level on a scale of 1 (best) – 10 (worst): _____
 - o Has it progressed? _____
- Have you noticed any lumps, bumps, itching or scratching and if so where?

o How long ago did you notice the problem? _____

o If itchy, please rate your pet's itch level on a scale of 1 (best) – 10 (worst): _____

o Has it progressed? _____

o Has our pet's skin shown any redness or scabs? _____

o If lumps or bumps are present, did you notice any itching before or after they appeared?

o Are any other pets or people in the household showing similar signs?

o If there is a lump or bump, has it grown in size or changed in character? _____

* If so, please describe? _____

* Has there been any exposure to garbage, cleaning products, pesticides, antifreeze, dead animals or other harmful substances?

- Have you noticed any coughing, sneezing or vomiting or diarrhea? _____
 - o If so, please describe character and frequency:

- Is your pet current on vaccines? Please provide proof if they were done elsewhere.

During the physical exam, the doctor may find problems that need to be addressed.

() I approve the initiation of diagnostics and/or treatment for the current problem/s.

() I wish to speak to the doctor or technician before any procedure or treatment is implemented.

Signature: _____ Date: _____

Phone number: _____