

Bel-Aire Veterinary Hospital Pre-Examination Checklist

Owner's Name _____
 Pet's Name: _____
 Email Address _____

Date: _____
 Age: _____

	Yes	No	Describe
Weight Gain ___ Weight Loss ___			
Appetite: Increase ___ Decrease ___			
Vomiting ___ Diarrhea ___			
Constipation/difficult defecation			
Increased drinking ___ Increased Urine ___			
Lumps/tumors ___ Skin Problems ___			
Bad breath/Sore Gums/Difficult Chewing			
Decreased awareness-gets confused/lost			
House soiling ___ Spraying ___			
Decreased recognition of people, animals or previously learned commands			
Decreased affection/interaction with owners			
Chewing, licking, eating non-food items			
Increased irritability/aggression			
Increased fear/anxiety			
Decreased tolerance of handling			
Decreased hearing or "selective hearing"			
Repetitive behaviors ex. Pacing, over grooming			
Decreased grooming or self care			
Muscle tremors/shaking			
Weakness/incoordination			
Difficulty climbing stairs/increased stiffness			
Decreased activity-sleeps more			
Excessive vocalization: Day ___ Night ___			
Waking owners at night			
Around Farm animals or Wildlife			
Visit boarding, grooming, or bark park facilities			
Indoor ___ Outdoor ___ Both ___			
Other problems/Concerns: Medications: Existing Medical Problems: Allergies:			