



Date: _____



PATIENT LABEL

How can we reach you today?

What do you think might be wrong with your pet?

PATTERN CHANGES IN THE LAST 6 MONTHS:

Activity:	More	<input type="checkbox"/>	Less	<input type="checkbox"/>	Unchanged	<input type="checkbox"/>	
Appetite:	More	<input type="checkbox"/>	Less	<input type="checkbox"/>	Unchanged	<input type="checkbox"/>	
Thirst:	More	<input type="checkbox"/>	Less	<input type="checkbox"/>	Unchanged	<input type="checkbox"/>	
Urination:	More	<input type="checkbox"/>	Less	<input type="checkbox"/>	Unchanged	<input type="checkbox"/>	Straining <input type="checkbox"/>
Weight:	More	<input type="checkbox"/>	Less	<input type="checkbox"/>	Unchanged	<input type="checkbox"/>	
Sleep Patterns:	More	<input type="checkbox"/>	Less	<input type="checkbox"/>	Unchanged	<input type="checkbox"/>	Disturbed <input type="checkbox"/>

ABNORMALITIES:

GASTROINTESTINAL:

Has your pet been vomiting? Yes No

Blood? Mucus? Foam?

Food? Associated with Feeding?

Frequency? _____

Has your pet been pooping normally? Yes No

Poop: Normal Diarrhea Straining

Urgency Bloody? Mucus?

Frequency? _____

RESPIRATORY:

Has your pet had any difficulties breathing? Yes No

Coughing: Yes No

Frequency? _____

Sneezing: Yes No

Blood? Mucus? Clear?

Frequency? _____

OTHER:

Has your pet been experiencing any discharge? Yes No

Eyes Ears Nose

Sheath (males) Vulva (females)

Has your pet been itchy/scratching? Yes No

If yes, where? _____

Has your pet been experiencing any soreness or lameness? Yes No

If yes, where? _____

CURRENT CONDITIONS:

Does your pet travel outside L.A. or Eastern Ventura Counties? Yes No

Does your pet live with or have contact with children under 10 years? Yes No

MEDICATIONS:

Flea Control: Yes No Type: _____

Heartworm Preventative: Yes No Type: _____