

Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: M F N

Date: \_\_\_\_\_ File#: \_\_\_\_\_

Are you here for an annual checkup/vaccinations? Y N

Chief Complaint (Problem or Purpose of visit):

<u>Circle appropriate Yes or No responses:</u>	
<b>Abnormal Energy?</b>	Y N
<b>Abnormal Appetite?</b>	Y N
If yes, circle the appropriate symptom(s):	
Increased Decreased	
<b>Recent Weight Change?</b>	Y N
<b>Abnormal Breathing?</b>	Y N
If yes, circle appropriate symptom:	
Wheezing Can't catch breath Congested	
<b>Coughing?</b>	Y N
<b>Sneezing?</b>	Y N
<b>Abnormal Bowel Movements?</b>	Y N
<b>Vomiting?</b>	Y N
<b>Diarrhea?</b>	Y N
If yes, circle the appropriate symptom(s):	
More frequent BM Mucous Blood Straining Watery	
<b>Abnormal Drinking?</b>	Y N
<b>Abnormal Urination?</b>	Y N
If yes, circle the appropriate symptom(s):	
Increased frequency Decreased frequency Inappropriate areas of elimination	
<b>Recent Lameness?</b>	Y N
If yes, circle the appropriate symptom(s):	
L forelimb R forelimb L hind limb R hind limb Sore to touch	
Non weight bearing Wound present Weak	
<b>Skin Problems?</b>	Y N
If yes, circle the appropriate symptom(s):	
Itchy Fleas Sores Wound Hair loss Licking Chewing	
Primary location of problem:	
<b>Abnormal Behavior?</b>	Y N
If yes, briefly describe the abnormal behavior:	
<b>Should we treat your pet's problems while with us? Appropriate charges will be applied.</b>	Y N