

*****PREPARE FOR YOUR APPOINTMENT*****

Pet's Name:

Current problem:

Current medications: (dosage, frequency, how long, effects, side-effects, etc.)

Prior occurrences and treatment: (other vets, when young, home treatments, etc.)

Vaccination history: (what, when, how often, side effects, etc.)

Temperature preferences: (prefers under covers, on cool floor, in sun, etc.)

Body Type and Condition: (size, shape, etc)

Bowel movements: (color, frequency, hard, soft, straining, etc.)

Mouth problems: (gum color, odor, tartar, gingivitis, lost teeth, etc.)

Urination habits: (color, frequency, time, straining, unusual places, etc.)

Diet and food preferences: (brand name, type, time of day, etc.)

Appetite and cravings: (finicky, ravenous, acts hungry but eats little, only eats dry food, etc.)

Thirst: (quantity, frequency, sources, temperature preferences, etc.)

Skin and Coat: (rough, oily, dry, dandruff, odor, fleas, lumps, warts, color change, etc.)

Eyes, Nose: (any issues involving these)

Ears: (discharge, wax, odor, itchy, inflammation, etc.)

Personality and behavior: (sweet, nervous, independent, reactions to strangers, other animals, noises, sudden changes, etc.)

Idiosyncratic habits: (odd behaviors, licking feet, snapping at flies, hiding, etc.)

Other: (change of location, friend died, new baby, trauma, etc., as well as other symptoms not covered)