|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pet’s Name:** |  |  | **Date:** |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Yes** | **No** |  |
|  |
| **Has there been any marked weight change recently?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been any change in activity level recently?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been a change in appetite recently?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been a change in stool consistency?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Have you noticed any blood in the stool?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been any vomiting?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been a change in water consumption?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been a change in urination frequency or amount?** | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been any coughing or sneezing?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Has there been any evidence of lameness?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Have there been any seizures?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Have ANY medications, treatments been administered recently** | **[ ]**  | **[ ]**  |  |
|  |
|  |
| **Have there been any adverse reactions to medications?** |  | **[ ]**  | **[ ]**  |  |
|  |
| **Any previous pregnancies?** |  | [ ]  | [ ]  |  |
| **When was your pet's last heat cycle?** |  |  |  |  |
| **Has your pet ever had an anesthetic prior to this day?** |  | **[ ]**  | **[ ]**  |  |
|  **If yes, what for?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Describe any complications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |  |
|  |
| **When was the last feeding?** | \_\_ |  |  |  |  |
|  |
| **When was water removed?** | \_\_ |  |  |  |  |
|  |

**Additional information:**

|  |  |
| --- | --- |
| **In your own words, list what services will be provided for your pet today:** | **­­­­­­­­­­­­­­** |