|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | **­­­­­­­­­­­­­­** |