



Client's Name: Pet's Name:

Phone: Email: Date:

	<u>Yes</u>	<u>No</u>
1. Has your pet been <u>eating well</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is <u>litterbox use or house training</u> consistent?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your pet been having trouble with <u>stiffness</u> , a <u>limp</u> , or <u>getting up</u> after lying down?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your pet have <u>bad breath</u> or <u>trouble with his/her teeth</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has there been any <u>diarrhea</u> or <u>vomiting</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your pet's <u>activity level</u> changed?		
7. What <u>type of food</u> does your pet eat?	<input type="text"/>	
8. Is your pet's <u>weight</u> going up or down? Gaining: <input type="checkbox"/> Losing: <input type="checkbox"/> Losing, but on a weight loss diet: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your pet been <u>drinking more</u> water lately? Has your pet been <u>urinating more</u> lately? <small>If yes to either question, we may request a urine sample.</small>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are there <u>any lumps</u> for us to check? If yes, where are they and are they new?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	
11. Does your pet live <u>Indoors Only</u> : <input type="checkbox"/> <u>Indoors/Outdoors</u> : <input type="checkbox"/> <u>Outdoors Only</u> : <input type="checkbox"/>		
12. Are there any <u>flea or tick</u> problems? What <u>flea/tick preventative</u> are you using for your pet?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	
13. Do you give <u>heartworm preventative</u> 12 months a year? What <u>heartworm preventative</u> are you using for your pet?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	
14. Are you planning to travel (domestic or international) with your pet within the coming year?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there anything else we should know about your pet's health?		
<input type="text"/>		

Office Use Only: