

Updated Information About Your Pet **Date:** _____

Pet's Name _____

Habit: Indoor Only __ Outdoor only __ In and out freely __

Appetite: Good __ Fair __ Poor __ Has stopped eating __

Appetite changes: Increased __ Decreased __ Unchanged __

Diet: __ % pet food __ % table food __ % treats Brand of pet food _____

Water intake: Drinks excessively ____ Normal ____ Decreased ____

Activity level: Very active __ Normal __ Decreased __ Less active than usual _____

YES NO

____ Does your pet board or go to a groomer?

____ Any lameness? Which leg(s): _____

____ Any behavior changes? Describe: _____

____ Any vomiting? How often? ____ What is vomited? _____

____ Any diarrhea? How many times a day: ____ Blood or mucus? _____

____ Any coughing? How often a day? ____ Certain time of day? _____

____ Any sneezing, nasal discharge, or eye discharge? Color of discharge _____

____ Any itching, rubbing face or licking feet? All year or seasonal: _____

____ Any fleas or tick seen? Name of flea control product used: _____

____ Does your pet take monthly heartworm preventative? All year or seasonal: _____

Has your pet ever had: Intestinal worms __ Heartworms __ FeLV or FIV _____

Please list your pet's medications: _____

Summary of your concerns: _____

Any change of address or phone number: _____