



Current Medications or Supplements Your Pet Is Taking

Diet Your Pet Currently Eats

	Brand Name	How Much	How Often per day
Can	_____	Can(s)	Per day
Dry	_____	Cup(s)	Per day
Treats	_____	Treat(s)	Per day

Water Intake:

- Drinks Normally
- Drinks Excessively

Lifestyle

- Indoor only
- Indoor & Outdoor
- Outdoor Only
- Hunts
- Boards
- Daycare

Urine Output

- Normal
- Abnormal (please explain): _____

Gastrointestinal Health

- Normal
- Vomiting
- Diarrhea
- Constipation

Behavior

- Normal
- Aggression
- Biting
- Scratching
- Vocalizing
- House Soiling
- Other: _____

Oral Health

- Normal
- Bad Breath
- Sore/Painful Gums
- Difficulty Chewing
- Drooling
- Tooth Loss
- Decreased Appetite
- Other: _____

What type of home dental care do you use? _____

Mobility and Activity

- Normal
- Limping
- Soreness
- Unable to Jump
- Painful
- Stiffness
- Other: _____

Skin and Coat

- Clean/Shiny
- Dull
- Dandruff
- Decreased Grooming
- Hair Loss
- Mats
- Other: _____

Bump, Growths, or Masses

- None
- Yes
- Location: _____

Is Your Pet Experiencing Any of These Signs?

- Coughing
- Scooting
- Loss of Balance
- Shakes Head
- Weight Change
- Sneezing
- Gagging
- Increased Panting
- Bleeding
- Appetite Change
- Tremors
- Weakness
- Breathing Problems
- Pain
- _____
- Confusion
- Odor
- Vision Changes
- Lethargy
- _____
- Hairballs
- Seizures
- Eye Discharge
- Depression
- _____