

Patient History Form: Please answer the following questions, in preparation of your appointment.
If your answer is abnormal or no, please list your concern and duration of symptoms.

How is your pet's appetite: Normal Abnormal

How is their water consumption: Normal Abnormal

***For Cats Only:** How is your pets litterbox habits: Normal Abnormal

Is your pet urinating normally? Yes No

Is your pet having normal bowel movements? Yes No

Are you seeing any vomiting: Yes No

Are you seeing any coughing: Yes No

Are you seeing any sneezing: Yes No

Is your pet currently having any mobility issues: Yes No

Are you seeing any skin issues like rashes, pimples, redness, fur loss: Yes No

Any new growths you have noticed (If yes, when did you notice it, and has it grown since noticed):
Yes No

Any vision changes: Yes No

Any hearing changes: Yes No

Are you doing any oral healthcare at home (brushing, oral treats/chews, water additives): Yes No
(If yes, what is the frequency and what are you using?)

Grooming/daycare/dog parks: Yes No (If yes, how often?)

***For Cats Only: Is your cat indoor, outdoor, or both?** Indoor Outdoor Both
Are you in a House or Apartment (if apartment, what floor?)