

Patient Name _____ Owner Name _____ Date _____



Sick Patient Checklist

Please completely fill out this form to help us provide the best medical care possible for your pet

Reason for today's visit: _____

Does your pet have any of these symptoms? (Check all that apply.)

- | | | |
|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Itching |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Excessive drinking | <input type="checkbox"/> Hair loss |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Excessive urination | |

How long has the pet had the problem? _____

Medications:

Please list all medications including dosages your pet is currently on or has been given recently (Prescriptions, supplements and OTC)

What heartworm preventative do you give your pet? Heartgard Interceptor Sentinel Other: _____

What day of the month do you give your pet's heartworm preventative? _____

What flea preventative do you give your pet? Frontline Vectra Revolution Other: _____

How often do you apply flea preventative? _____

Have you found any ticks on your pet? _____

Diet:

What food are you feeding? How Much? How Often? _____

What kind of treats / snacks / people food / chews do you give your pet? _____

How has your pet's appetite been? Increased/decreased? _____

Has your pet been seen elsewhere for medical care since we last saw him/her? Y N

If yes; when and where? What was done? _____

Do we have your permission to transfer records? Y N

Any bumps or skin masses that the doctor should be aware of? Y N

If yes, where, when was it seen, and any changes? _____

If indicated, the veterinary assistant may ask to start diagnostics on your pet such as lab work, radiographs, or intestinal parasite screens which may allow us to expedite your pets' visit today. Many of our diagnostics can be performed in the clinic while you wait.