

Important questions about your pets health

As your pet ages, changes take place that may indicate medical problems. *We are believers in preventing illness rather than treating illness.* Since your pet can't talk to us, please take a moment to tell us about your pet.

<u>Daytime Environment:</u>	Indoor	Outdoors	Crate	Apt. Environment
When and <u>where</u> were your pet's last vaccines? _____				
Do you give your pet heartworm prevention?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list _____ Given on _____ day of the month.				
Are you giving any medications/ supplements REGULARLY ?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list _____				
Any changes in food consumption?		<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Unchanged
Any changes in water consumption?		<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Unchanged
Any changes in urination or frequency?		<input type="checkbox"/> Increased	<input type="checkbox"/> Decreased	<input type="checkbox"/> Unchanged
Is your pet straining to urinate or have bowel movements?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Has there been any diarrhea?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____				
Has there been any vomiting?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how frequently? _____				
Is your pet gagging?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how frequently? _____				
Are there any lumps or skin lesions?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? _____ First noticed? _____				
Is your pet shaking its head or scratching its ears?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your pet scratching, chewing or licking itself excessively?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? _____ First noticed? _____				
Are there any eye discharges or red eyes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, color? _____ First noticed? _____				
Is your pet sneezing?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, discharge? _____ First noticed? _____				
Is your pet coughing?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, discharge? _____ First noticed? _____				
Does your pet have difficulty breathing?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how frequently? _____				
Have you noticed any weight loss or gain in the last year?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you noticed any activity level or exercise tolerance changes?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe? _____				
Does your pet have difficulty walking, stiffness or pain?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how frequently? _____				
Is your pet lethargic?				<input type="checkbox"/> Yes <input type="checkbox"/> No
First noticed? _____				

What brand of food are you feeding your pet? _____

How much are you feed daily? _____

What kind of treats do you feed your pet? _____