

Medical History

Y / N **Excessive Thirst**

How long? _____

Y / N **Poor Balance**

How long? _____

Y / N **Excessive Drooling**

How long? _____

Y / N **Lethargic**

How long? _____

Y / N **Not eating/ drinking well**

How long? _____

Y / N **Painful**

Where? _____

Y / N **Wounds**

Where? _____

When did it happen? _____

Y / N **Excessive Panting**

How long? _____

Y / N **Labored Breathing/ Wheezing**

How long? _____

Y / N **Sneezing/ Coughing/ Hacking**

How long? _____

Y / N **Balding/ Losing Hair**

How long? _____

Where? _____

Y / N **Weight Gain/ Loss**

How long? _____

Y / N **Foul Breath**

How long? _____

Y / N **Difficulty Urinating**

How long? _____

Y / N **Excessive Urination**

How long? _____

Y / N **Change in Urine Color/ Odor**

How long? _____

Y / N **Urinating outside of the litter box (cat)**

How long? _____

Y / N **Urinating in the house (dog)**

How long? _____

Y / N **Dirty/ Smell from Ears**

How long? _____

Y / N **Scratching Ears/ Shaking head**

How long? _____

Y / N **Discharge from eyes**

How long? _____

Y / N **Squinting eyes**

How long? _____

Y / N **Vomiting (Food/ Water/ Yellow Bile)**

How long? _____

How many times per:

Day _____

Week _____

Month _____

Y / N **Diarrhea (Liquid/Soft/Bloody)**

How long? _____

How many times per:

Day _____

Week _____

Month _____

Y / N **Lame or Limping**

How long? _____

Y / N **New or Unusual Lumps**

Where? _____

How long? _____

Y / N **Has Your Pet Been to the Lower 48**

When? _____

Additional information you think is important for us to know: _____

Current Medications:

Has our staff spoken to you about Geriatric blood work? Y / N
If not and you you are interested, please ask the front desk or the doctor.

Geriatric Ages

Cats: Over 10-12 Years old

Small-Med. mixed breed dogs: Over 10 Years old

Large breeds (Over 70lbs) and/or Purebred dogs: Over 8 Years old

Owner Signature _____

Date _____

Patient (Pet's) Name _____

Client ID _____