**CLINIC USE ONLY: Wt**: \_\_\_\_\_\_\_# \_\_\_\_\_\_kg; **T:** \_\_\_\_\_\_\_\_\_°F; **P:** \_\_\_\_\_\_\_\_\_\_bpm**; R:** \_\_\_\_\_\_\_rpm

**Signalment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

*Check all that apply. Explain when applicable.*

**Diet:**

Brand: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount per day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your pet get people food? yes no

* If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eating: Normal Increased Decreased

* How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water: Normal Increased Decreased

* How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: Same Loss Gain

* How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications:** yes no

* If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Preventatives:** yes no

* If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Supplements:** yes no

* If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Patient Lifestyle:**

Indoor only Outdoor only Hunting Dog

Free roam outside Kenneled outside

Fenced in yard Outside on leash

Supervised outside time Only pet in household

**Dental:**

Dropping food Drooling

Bad breath Difficulty chewing

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Urination:**

Normal Increased Decreased

* How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leaking Straining Frequently

Large amounts Small amounts

Accidents in the house/outside of litter box

Change in color Change in odor

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**Defecation:**

Normal Accidents in the house Blood

Diarrhea Straining to defecate Constipation

Harder than normal Softer than normal Mucus

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**Skin:**

Itching Chewing Licking Odor

Hair loss Redness Scabs Flakey

Bleeding Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Lumps/bumps:** yes no

* Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How long has it been there?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Has it been changing?: yes no

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**Eyes:** redness discharge itching

**Ears:** redness discharge itching

**Musculoskeletal:**

Lameness Difficulty rising Stiffness

Difficulty going up/down stairs Swelling

Weakness Painful Difficulty jumping up

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**Respiratory:**

Coughing Sneezing Wheezing Panting

Difficulty breathing Open mouth breathing

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**Reproduction:**  not altered altered (spay/neuter)

Last heat cycle (*female only*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Symptoms:**

Vomiting Gagging Lethargy

Restlessness Ataxia Change in behavior

Seizures Scooting

**Special Notes/Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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