**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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