Recent Medical History

Pet's Name: _______________ Date: __________

Has your pet shown any of the following signs or symptoms?

Yes	No		Yes	No	
☐	☐	Vomiting	☐	☐	Skin Problems
☐	☐	Diarrhea	☐	☐	Lumps or Bumps
☐	☐	Lameness or Stiffness	☐	☐	Itching or Scratching
☐	☐	Listlessness or Weakness	☐	☐	Poor Coat/Hair Loss
☐	☐	Tremors or Seizures	☐	☐	Head Shaking
☐	☐	Coughing or Sneezing	☐	☐	Unusual Body Odors

If yes, please explain: ____

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Has your pet shown significant change in any of the following?

Yes	No	Please Circle the Appropriate Answer		
☐	☐	Appetite?	Increased	Decreased
☐	☐	Water Intake?	Increased	Decreased
☐	☐	Character of Bowel Movement?		
		Diarrhea	Constipation	
		Increased Frequency	Decreased Frequency	
☐	☐	Frequency or Amount of Urination?		
		Increased Frequency	Increased Volume	
		Decreased Frequency	Decreased Volume	
☐	☐	Change in Body Weight?	Gain	Loss
☐	☐	Behavior?	Explain: ____________________	

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Brand/Type of Normal Diet: ____________________________________

Number of meals per day: ________________ Amount per meal (cups of food): _______

Treats (brand/type): ____________________ Number of treats per day: ___________

Bedding/Housing (please describe): ______________________________

Is there anything else we need to know? __________________________

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