

## 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.

### Daytime Environment:

Indoor

Outdoors

Crate

Apt. Environment

When and where were your pet's last vaccines? \_\_\_\_\_

When was your pet's last fecal test and heartworm test? \_\_\_\_\_

Do you give your pet heartworm prevention?  Yes  No

If yes, list \_\_\_\_\_ Given on \_\_\_\_\_ day of the month.

Are you giving any medications/ supplements REGULARLY?  Yes  No

If yes, list \_\_\_\_\_

Are you giving any medications/supplements for this occurrence?  Yes  No

If yes, list \_\_\_\_\_

Any changes in food consumption?  Increased  Decreased  Unchanged

Any changes in water consumption?  Increased  Decreased  Unchanged

Any changes in urination or frequency?  Increased  Decreased  Unchanged

Is your pet straining to urinate or have bowel movements?  Yes  No

Has there been any diarrhea?  Yes  No

If yes, when? \_\_\_\_\_

Has there been any vomiting?  Yes  No

If yes, how frequently? \_\_\_\_\_

Is your pet gagging?  Yes  No

If yes, how frequently? \_\_\_\_\_

Are there any lumps or skin lesions?  Yes  No

If yes, where? \_\_\_\_\_ First noticed? \_\_\_\_\_

Is your pet scratching, chewing or licking itself excessively?  Yes  No

If yes, where? \_\_\_\_\_ First noticed? \_\_\_\_\_

Are there any eye discharges or red eyes?  Yes  No

If yes, color? \_\_\_\_\_ First noticed? \_\_\_\_\_

Is your pet sneezing?  Yes  No

If yes, discharge? \_\_\_\_\_ First noticed? \_\_\_\_\_

Is your pet coughing?  Yes  No

If yes, discharge? \_\_\_\_\_ First noticed? \_\_\_\_\_

Does your pet have difficulty breathing?  Yes  No

If yes, how frequently? \_\_\_\_\_

Have you noticed any weight loss or gain in the last year?  Yes  No

Have you noticed any activity level or exercise tolerance changes?  Yes  No

If yes, describe? \_\_\_\_\_

Does your pet have difficulty walking, stiffness or pain?  Yes  No

If yes, how frequently? \_\_\_\_\_

Is your pet lethargic?  Yes  No

First noticed? \_\_\_\_\_

What food are you feeding your pet? \_\_\_\_\_

How much are you feed daily? \_\_\_\_\_