

CLIENT/PET CHECKLIST

Owner's Name

Pet's Name

Age or DOB

Date

Refills? Prescriptions

Flea/Tick Prevention

Heartworm Prevention

Your pet ages an average of 7 times faster than you. These questions are very important to better understand your pet's medical history and current medical status.

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

<u>Abnormal</u> chewing, licking or scratching	Yes No	Difficulty rising/gen. stiffness/using stairs	Yes No
<u>Excessive</u> panting, wheezing, coughing, sneezing	Yes No	Head shaking, flopping of ears, ear odor	Yes No
Skin issues - rashes or loss of hair, poor coat	Yes No	Runny or goopy eyes	Yes No
Lumps/ bumps, either hard or soft	Yes No	Vomiting or diarrhea	Yes No
Constipation - difficulty going	Yes No	Bad breath, red inflamed gums, drooling	Yes No
Muscle tremors, shaking, seizures	Yes No	Discharge from nose or other area	Yes No
Unusual body odor	Yes No	Gagging, choking, difficulty chewing	Yes No
Scotting the rear end	Yes No	Lameness	Yes No

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

Soiling or spraying in the house	Yes No	Appetite increase or decrease	Yes No
Increase in amount/frequency of drinking/urination	Yes No	Weight gain or loss	Yes No

Has your pet shown any other changes in behavior?

Decreased awareness/confusion/appears lost	Yes No	Decreased affection/ interaction with you	Yes No
Eating non-food items	Yes No	Increased irritability or aggression	Yes No
Increased fear or anxiety	Yes No	Decreased tolerance of handling/holding	Yes No
Decreased hearing or selective hearing	Yes No	Decreased grooming or self-care	Yes No
Excessive vocalization - barking, yowling, etc	Yes No	Waking you up at night	Yes No
Abnormal crying or whimpering	Yes No	Hiding in unusual places	Yes No
Decreased activity - sleep more, listless, weakness, mobility	Yes No	Repetitive behavior - pacing, grooming, walking in circles	Yes No