

Client: _____ **Pet:** _____ **Date:** _____

Present History - CHIEF COMPLAINT:

<p>PET'S DIET:</p> <p>SPECIFIC OR FREE CHOICE:</p> <p>SNACKS OR TABLE FOOD :</p> <p>CHANGES IN APPETITE:</p> <p>CHANGES IN DRINKING:</p> <p>CHANGES IN URINATION:</p> <p>CHANGES IN DEFECATION:</p>
<p>ANY VOMITING::</p> <p>ANY COUGHING OR SNEEZING:</p> <p>DISCHARGE FROM EYES OR NOSE:</p> <p>SCRATCHING, LICKING, OR CHEWING:</p> <p>LUMPS OR BUMPS:</p> <p>ANY LIMPING OR JOINT PROBLEMS:</p> <p>ANY CHANGE IN BEHAVIOR:</p>
<p>ITCHY SCALE:</p> <p>CONTACT WITH OTHER PETS AT GROOMER, PARKS, TRAVELING:</p> <p>SWIM IN PONDS, LAKES, STREAM WATER, OR PASTURE LAND:</p> <p>FLEAS OR TICKS NOTED:</p> <p>FLEA PREVENTION USED/WHAT KIND:</p> <p>HEARTWORM PREVENTION:</p> <p>ANY MEDICATIONS:</p> <p>BATHE PET:</p> <p>PRODUCT USED:</p> <p>PREVENTATIVE DENTAL CARE IF ANY:</p>
<p>HAS YOUR PET EVER BECOME SICK AFTER A VACCINATION?</p>