

Owner's Name: \_\_\_\_\_  
Last First Middle

Patient Name: \_\_\_\_\_ Canine / Feline Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: M / F

Where did you obtain your pet? \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Where is your pet housed?      Indoors      Outdoors      Both

Purpose of animal?      Pet      Show      Sport      Guard      Service

For intact females: When was her last heat cycle? (approx.) \_\_\_\_\_

For neutered/spayed pets: When was surgery performed? (approx.) \_\_\_\_\_

What is your pet's current diet? (Use brand names, please) \_\_\_\_\_

Does your pet have contact with other animals?      YES      NO

Has your pet ever traveled outside of southeastern Michigan? YES \_\_\_\_\_ NO  
If yes, where?

What medications is your pet currently receiving, including heartworm & flea preventative?

Has your pet had any adverse reactions to any medications? YES \_\_\_\_\_ NO  
If yes, what meds?

What illnesses, injuries or surgeries has your pet had prior to the current problem?

Is your pet currently coughing or sneezing?      YES      Coughing / Sneezing      NO

Has there been any recent change in your pet's willingness to play or exercise?      YES      NO

Is your pet currently vomiting?      YES      NO

Has there been a recent change in your pet's appetite?      YES      NO

Has your pet lost or gained weight recently?      YES:      Loss / Gain      NO

Has there been any recent change in your pet's bowel movements?      YES      NO

Has there been any recent change in your pet's urinary habits?      YES:      More / Less      NO

Have you noticed a change in the amount of water your pet drinks?      YES:      More / Less      NO

Other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_