



ANIMAL HOSPITAL & RESORT

Check-In Date: {CURRENTDATE[LONG]}

Client: {FULLNAME}
Client ID: {ID}
Phone Number: {PHONENUMBER}

Patient: {NAME}
Breed: {BREED}
Sex: {SEX}
DOB: {BIRTHDATE[SHORT]}

Checked in by: _____

Patient Treatment Information

History (BASIC): EXAM TYPE: [] WELL [] SEMI [] COMP [] RE-C

Are there any problem(s) that your pet is experiencing?
- If so, when did the problem start?
-Is it the same, better, or worse?
What is the pet's current diet and feeding schedule?
Any increase or decrease in water consumption?
Any change in bowel movements and/or urinary habits?
Any vomiting/coughing/sneezing?
Any weight loss?
Any change in activity level? (Lethargy, Stiffness)
Are any medications being administered?
-Frequency of giving medications
Where does the pt spend most of their time? Indoor/outdoor?

Exam (Objective): (Fill in the blank or use Y/N where appropriate)

Heartworm Prevention
[] Heartgard [] Interceptor
[] Advantage Multi (Cat)
[] None [] Other: _____
Date last given: _____

Flea and Tick Prevention
[] Nexgard [] Frontline
[] Seresto [] Bravecto
[] None [] Other: _____
Date last given: _____

Ear Infection
When did it start? _____
Which ear is worse? (right/left/both)
Shaking Head/Scratching?
Strong Odor/Discharge?
Cleaning/Medicating?

Eye Issues
When did it start? _____
Which eye? _____
Discharge?
Redness/irritation?
Scratching/rubbing?
Any known injuries? _____

GI Issues -Diarrhea

When did it start? _____

Consistency? _____

Frequency? _____

Any foreign material ingested? (garbage, toys, rocks?)

GI Issues- Vomiting

When did it start? _____

Frequency? _____

Food/Bile/Phelgm?

If food, how long after eating? _____

Any foreign material ingested? (garbage, toys, rocks?)

Limping Issue

When did it start? _____

Which leg? _____

Does it switch legs? _____

Does it change throughout the day? _____

Is it worse when the pt first gets up? _____

Is it worse after the pt is active? _____

Is the pt painful? _____

Are they on any RX for limping?(including OTC aspirin, carprofen, etc) _____

Urinary Issue

| Dog | Cat |
|--------------------------|------------------------------|
| When did it start? _____ | When did it start? _____ |
| Frequency? _____ | Straining? |
| Straining? | Blood? |
| Blood? | Vocal/Painful? |
| Odor? | Going outside the litterbox? |
| Licking/Scotting? | _____ |
| Painful/Lethargic? | Last urination? _____ |
| | Hx of UTI? _____ |
| | Change in environment? |
| | _____ |

Wounds

When did you notice it? _____

Location? _____

Any known injuries? _____

Did you treat the wound? _____

Painful?

Discharge?

Lumps

When did you notice the lump? _____

Location? _____

How many? _____

Change in size/color? _____

Painful?

Secretion?

Skin Issue

When did it start? _____

Licking/Chewing?

Frequency? _____

Location? _____

Seasonal/pattern? _____

Rash?

Hx of skin issues? _____

Past RX pt has been on for skin _____

Upper Respiratory

When did it start? _____

Has your pet traveled recently?

Any changes in environment? _____

Coughing?

Sneezing?

Discharge? (From where+describe) _____

Lethargy?

Any housemates with similar symptoms? _____