

Client Name:

Pet Name:

Type of Pet:

Age:

Reason for Visit:

General wellness exam

Eye Problems

Discharge from eyes or nose

Ear problems

Coughing

Sneezing

Lameness

Lethargy/weakness

Change in quantity or consistency of stool

Teeth protruding from mouth

Difficulty eating

Excessive salivation

Not eating or eating less

Difficulty breathing

Sores or swelling around mouth

Distended abdomen

Hair loss or sores

How long have you noticed these signs?

How long have you owned your pet? (check one)

Weeks

Months

Years

Where did you obtain your pet?

Pet Store

Friend

Breeder

Other:

What do you feed your pet?

How often do you feed your pet?

When did you last feed your pet?

Briefly describe the cage your pet lives in:

Wire bottom

Solid flooring

Aquarium

Has a place to hide

Other:

Where is the cage located?

Type of bedding used on bottom of cage:

Water source:

Bowl

Bottle

Disinfectant used to clean cage: