

SAULT STE. MARIE ANIMAL CLINIC PET MEDICAL APPOINTMENT INFORMATION

Client Name: _____ **Patient Name:** _____

Patient Gender: ___ Male ___ Female ___ Neutered Male ___ Spayed Female

Patient Age: ___

Phone Number we can reach you at during appointment _____

Reason for your pet seeing the veterinarian today (please select all that apply add detail as needed):

Eye problem		
Ear problem		
Mouth/dental problem		
Skin problem		
Check new or changing lump or bump		
Injury		
Coughing/sneezing/difficulty breathing		
Vomiting and/or diarrhea Any blood noted?		
Constipation		
Difficulty Urinating/not urinating		
Urine or bowel accidents Any blood noted?		
Limping/lameness		
Stiffness/Soreness/difficulty getting around		
Change in Appetite (Eating more/less/not eating)		
Drinking more or less		
Weight gain or loss		
Behaviour change (depressed, restless, hiding/lethargic)		
Other		

Additional details on above if applicable

Is this a new problem? ___ Yes ___ No.

When did you first notice it? _____

Sudden or gradual onset? _____

Since first noticing the problem, do you feel it has been getting worse? ___ Yes ___ No

If this is an ongoing or recurring problem, when was your pet last treated for it? _____

Is this a scheduled follow-up? _____

Has there been an overall improvement since last visit? ___ Yes ___ No

Please explain _____

Additional comments on above

Is your pet on any current medications? _____

What brand/type of food is your pet eating? How much? How many meals/day?

Please list any additional treats and or supplements _____

Do you feed your pet table food? Percentage of diet? _____

When did your pet last eat? How much? _____

When did your pet last have a bowel movement? Was it normal? _____

When did your pet last urinate? Any difficulty? _____

Any other questions or concerns?

Thank you for helping us to help your pet