



Cat and Dog Exam Check-In Form

Client Name:

Patient Name:

Date:

****In order to expedite a thorough examination of your pet please complete and bring this form to your appointment.****

Why are you bringing your pet in for evaluation today?

When did symptoms first appear?

How have symptoms changed since first being noticed?

Have any at home treatments been provided for this concern?

Please circle any recent symptoms.

Has your pet experience any recent:

vomiting

diarrhea

coughing

sneezing

loss of appetite

change in activity level

If present, please describe.

Has your pet experienced any recent:

excessive water consumption

excessive urination

straining to urinate

straining to defecate

If present, please describe.

What prescription medications does your pet receive? Name drug, strength of drug (mg for example), and frequency.

If none, enter none.

What over the counter medications or supplements does your pet receive?

Does your pet have any known drug allergies or sensitivities? Please list any known or perceived drug adverse reactions:

List any chronic illnesses or prior conditions:

What type of pet food does your pet receive? (type, amount, and frequency)

What snacks, treats or table scraps does your pet receive?

List any food allergies, sensitivities, or dietary restrictions:

Please list other pets in your household, include type:

Are any of the other pets sick?

Pet Lifestyle: Dogs - Exposure to lakes, streams, ponds, beaches, parks, groomers or day care within the last 14 days?

Cats - Indoor or outdoor?

Has your pet ever traveled outside the Bay Area?

Has your pet been seen at another veterinary facility? If so, which facility so we may contact them for records.