



Owner's Name _____ Date _____

Please give us the following important information about your pet: Age _____ Weight _____

Reviewed by: _____

Briefly describe your pet's problem/reason for visit: _____
_____1.) My pet has had this illness or injury for _____
(Please circle one)

Hours Days Weeks Months Years

2.) Habitat:

☐ Indoor only ☐ Mostly indoor ☐ Outdoor only
☐ Mostly outdoor ☐ In and out freely

3.) Water Consumption:

☐ Drinks excessively ☐ Not Drinking ☐ Same as usual
☐ Drinking less ☐ Drinking more

4.) Foods:

Pet Normally Eats: _____

☐ Eats specific meals ☐ Fed free choice _____

%Table Food _____ % Treats _____ % other _____

5. Appetite:

☐ Very Good ☐ Good ☐ Erratic
☐ Picky ☐ Poor ☐ Very Poor
Change in appetite ☐ Up ☐ Down

6.) Activity Level:

☐ Very Active ☐ Normal ☐ Very Inactive
Change in activity level:
☐ More Active ☐ Less Active7.) Behavior: Any notable change? (Describe) _____

8.) Lameness: Which leg(s) _____

☐ Constant ☐ Intermittent Duration _____Difficulty Rising: ☐ No ☐ Yes Duration _____9.) Reluctance to Jump or Run: ☐ No ☐ Yes Duration _____

10.) Vomiting:

☐ None/Uncommon ☐ Occasionally ☐ Frequent
Frequency _____

What is vomited? _____

Is there a constant relationship to eating? _____

11.) Diarrhea:

☐ None/uncommon ☐ Occasionally ☐ Frequent
Frequency _____

Number of bowel movements per day: _____

Straining to defecate: ☐ Yes ☐ No12.) Coughing: ☐ None ☐ Occasionally ☐ Frequent13.) Sneezing: ☐ None ☐ Occasionally ☐ Frequent

14.) Nasal Discharge:

☐ No ☐ Yes ☐ Pus
☐ Watery ☐ Bloody ☐ Duration _____ 15.)

Itching:

☐ None ☐ Seasonal ☐ Year-Round

Locations: _____

16.) Eye Discharge: Which eye(s) _____

☐ Constant ☐ Intermittent ☐ Duration _____
☐ Pus ☐ Watery17.) Ears: Head-shaking, scratching, odor from -
Which ear(s)? _____ Duration _____18.) History of Fight Wounds: ☐ No ☐ Yes

How many in last 2 years? _____

19.) Lumps/Bumps/Masses: Duration _____

PLEASE ASK FOR A SKIN MARKER TO IDENTIFY THESE AREAS.

20.) Ticks Noted Recently: ☐ Yes ☐ No21.) Fleas Noted Recently: ☐ Yes ☐ No

22.) On Heartworm Preventive?

☐ No ☐ Irregularly ☐ Regularly
☐ Daily ☐ Monthly _____ # months per yearName of Heartworm Preventive used: _____

23.) Medications Regularly Taken:

☐ Heartworm Preventive
☐ Monthly Flea Products (Brand _____)
☐ Others: _____

24.) CATS: Has tested positive for:

☐ Feline Leukemia Virus
☐ Feline Immunodeficiency Virus

To determine a diagnosis and begin treatment, laboratory tests or radiology services may be required. The Doctor will call you at the number you provide below to discuss these procedures and cost. Vaccinations are required if your pet is well enough to receive them. If your pet is due vaccinations, your pet will be vaccinated before treatment or surgery. All pets must be free of both internal and external parasites.

When did your pet last eat? _____

What medications have you given in the last 24 hours
(note time given also)? _____If it becomes necessary to send home medication with my
Pet, I prefer: ☐ Liquid ☐ TabletsI AUTHORIZE BCAH TO EXPEND UP TO \$ _____
IN DIAGNOSIS OR TREATMENT OF MY PET AS NEEDED.

Please call if additional services are required. In the event of a life-threatening condition, we will make every attempt to stabilize your pet and notify you as soon as possible. If that is not possible, we will treat the animal at the owner's expense.

Signature _____

(Owner/Agent)

I can be reached at the following phone number: _____
