

Date: _____

Veterinary Village LLC

Information for your visit for your sick or injured pet

Your Name: _____ Pet's Name: _____ Email: _____

Phone Numbers: _____ (H/C/W) _____ (H/C/W) _____ (H/C/W)

HISTORY

Lifestyle: Indoor/Outdoor _____ Family Pet/Performance Dog/Breeding Dog/Service Dog _____

Travel? _____ Boarding? _____ Dog Events? _____

Diet: Main diet _____ Amount and frequency of feedings? _____

Treats/snacks _____

Any change to diet in the last month? _____

Allergies to food, medications, or vaccinations? _____

Current Medications (please include prescriptions, over-the-counter drugs, and any supplements used within the past month): _____

Are there records from another veterinary clinic that we should be aware of? If so, please provide name of veterinary clinic as well as phone number, and any other names the pet may be listed under.

SYMPTOMS

When was your pet last normal? _____

What symptoms appeared first, and when did they appear? _____

Are symptoms improving, worsening, or staying the same since then? _____

Has your pet been treated for a similar condition previously? Describe medications/response: _____

PLEASE NOTE ANY SPECIFIC PROBLEMS NOTICED IN THE FOLLOWING BODY SYSTEMS/CATEGORIES:

General Activity Level? _____

Weight Change? _____

Mobility/Musculoskeletal/Joints? _____

Appetite? _____

Thirst/Urination? _____

Vomiting/Diarrhea? _____

Coughing/Sneezing/Breathing Changes? _____

Eyes? _____

Ears? _____

Skin? _____

Behavior? _____

Reproductive Organs? _____