



Pet Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What Food do you Feed your Pet? \_\_\_\_\_

(Also include amount if known) \_\_\_\_\_

Other than Pet Food, What other things does your Pet Routinely Eat? \_\_\_\_\_

What Flea/Tick Prevention and Deworming do you use? \_\_\_\_\_

Do you use these Preventions all year long? Yes No

Pet Lifestyle (Check all that Apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Family Pet             | <input type="checkbox"/> Boarding   |
| <input type="checkbox"/> Working/Service Animal | <input type="checkbox"/> Daycare/Pet Resort                                     |
| <input type="checkbox"/> Breeding Animal        | <input type="checkbox"/> Grooming   |
| <input type="checkbox"/> Farm Dog/Barn Cat      | <input type="checkbox"/> Pet Sitter   |
| <input type="checkbox"/> Hiking                 | <input type="checkbox"/> Dog Parks  |
| <input type="checkbox"/> Leashed Walks          | <input type="checkbox"/> Travels Out of State (Please List States Traveled To): |
| <input type="checkbox"/> Swimming               | _____   |
| <input type="checkbox"/> Play Dates             |   |

Housing:

- Indoor Only
- Indoor, Supervised Outdoor Time (Backyard/Walks only)
- Indoor, Unsupervised Outdoor Time
- Outdoor Only
- Barn Cat/Feral Cat/Stray Animal

Housemates: (Please Check All Other Species)

- Cats
- Dogs
- Human Children
- Other



Please List all Medications and Supplements that your Pet is currently receiving (and amount if known): \_\_\_\_\_

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If you obtained this pet within the last 6 months, where did you get him/her from?  
(ex: Breeder or Shelter) \_\_\_\_\_

In the last 30 days, have you noticed any of the following? (Check all that Apply):

- Vomiting
- Diarrhea
- Increased Hunger
- Decreased Hunger
- Increased Thirst/Filling up the Water Bowl More Often
- Increased Volume of Urine
- Increased Frequency of Urination (Squatting More)
- "Slowing Down"
- Limping
- Straining to Urinate/Defecate
- Scooting on the Ground
- New Lumps/Bumps
- Weight Gain/Weight Loss
- Behavior Changes

Please explain any of the above: \_\_\_\_\_

Do you have any Concerns about your Pet today? \_\_\_\_\_

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Has your Pet ever been diagnosed with anything at a different veterinary hospital?

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#### CATS ONLY

How many times does your cat urinate a day? 1-2 3-4 5+ Unknown

How large are your cat's urine spots? Golfball Baseball Softball Larger than a Softball

Does Your Cat ever Urinate/Defecate outside of the litterbox? Yes No