

Primary concern (describe in detail)?

Duration? When did it first start? When was he/she last normal?

Has the problem changed or progressed since it started?

Any treatments started? Response?

Any additional problems? (vomiting ,diarrhea, coughing, sneezing, pain, lameness, behavior)

Diet (brand, type, amount, frequency)?

Appetite? Water intake? Urination/defecation?

Medications:

List all medications pet is receiving including OTC medications/supplements, heartworm preventatives and flea/tick preventatives. Confirm dose and frequency of administration.