Thorntownvetclinic@gmail.com

**Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**History**

**Is he/she on one of our Wellness Plans? \_\_\_\_\_\_\_**

**Does he/she have a microchip? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you seen your pet passing any worms? \_\_\_\_\_\_\_\_\_\_**

**Has there been any injury or illness in the past 30 days? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your pet have a history of any seizures? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is the pet allergic to any medications or had any vaccine reactions in the past? \_\_\_\_\_\_\_\_**

**Is your pet currently on any medications; Please list them if YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please answer Yes or No. If YES, please provide details**

**Appetite Normal? \_\_\_\_\_\_\_\_ Water Consumption Normal? \_\_\_\_\_\_\_\_**

**Bowel Movement & Urination Normal? \_\_\_\_\_\_\_\_**

**Scooting? \_\_\_\_\_\_\_\_**

**Vomiting?\_\_\_\_\_\_\_\_\_**

**Coughing or Sneezing? \_\_\_\_\_\_\_\_**

**Shaking Head? \_\_\_\_\_\_\_\_**

**Scratching or Hair Loss? \_\_\_\_\_\_\_\_**

**Lumps or Bumps? \_\_\_\_\_\_\_\_**

**Bad Breath? \_\_\_\_\_\_\_\_**

**Current Food:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How much & How often do they eat?:\_\_\_\_\_\_\_\_\_**

**Give Any Treats:\_\_\_\_\_\_\_\_\_\_ Give Any Table Food:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your pet had any issues with their current and/or previous foods? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is important to you when choosing a pet food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any concerns with food or in general? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you think your pet is painful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has your cat been declawed? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTACT FEMALES ONLY: is there any possibility that she could be pregnant? \_\_\_\_\_\_**

**Exposure to Preventable Diseases**

**Is your pet indoors or outdoors? (If both please note ‘Both’, and where they are majority of the time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your cat have exposure to outdoor or unvaccinated cats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What brand of Heartworm and/or Flea prevention is your cat on?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How often do you give them?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you need more during your visit?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FVRCP RABIES FELEUK VACCINE FELEUK TEST**

***Continue to page 2…***

**Senior Questions (Please answer if your pet is 7 years or older, or any of these questions pertain to an issue you are seeing in your pet)**

**Energy Level Seem Normal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Incontinence or Loss of house training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lameness or Stiffness? \_\_ If so where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Difficulty Rising? \_\_ If so, when? (Stairs, after exercise, after sleeping, etc…)\_\_\_\_\_\_\_\_\_\_**

**Any Change in Sleeping? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Confusion or Disorientation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Excessive Panting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Tremors or Shaking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Vision Problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Hearing Problems? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**