



# SICK PET INFORMATION FORM

Owner's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_  
 Canine \_\_\_\_\_ Feline \_\_\_\_\_ Avian \_\_\_\_\_ Reptile \_\_\_\_\_ Other \_\_\_\_\_  
 Phone number where you can be reached **today** (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Reason for today's visit \_\_\_\_\_

**Symptoms** – Please check the appropriate response for this pet.

<b>Appetite</b>	Normal _____	Increased _____	Decreased _____	None _____
<b>Drinking</b>	Normal _____	Increased _____	Decreased _____	None _____
<b>Urine</b>	Normal _____	More Frequent _____	Less Frequent _____	Abnormal color/odor _____
<b>Vomiting</b>	No _____	Occasionally _____	Frequently _____	
<b>Bowels</b>	Normal _____	Loose _____	Diarrhea _____	Hard _____ (Occasionally or Frequently)
<b>Coughing</b>	No _____	Occasionally _____	Frequently _____	
<b>Sneezing</b>	No _____	Occasionally _____	Frequently _____	
<b>Skin</b>	Normal _____	Itchy _____	Dry _____	Dandruff _____ Oily _____
<b>Lameness</b>	No _____	Which Leg _____	How Long _____	

When did the problem start? \_\_\_\_\_  
 Has it gotten better/worse since it started? \_\_\_\_\_  
 Have you given any medication? \_\_\_\_\_  
 If yes, please list dosage and frequency. \_\_\_\_\_

Does your pet have any allergies to medication/food/other? \_\_\_\_\_  
 Has your pet had access to any food other than its pet food? If yes, please explain \_\_\_\_\_

My pet stays indoors \_\_\_\_\_ outdoors \_\_\_\_\_ in a fenced yard \_\_\_\_\_  
 Is your Dog/Cat on Heartworm Preventative? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Has your pet missed any doses? NO \_\_\_\_\_ YES \_\_\_\_\_ How many? \_\_\_\_\_  
 Date of last Heartworm Test \_\_\_\_\_  
 Is your pet being treated for fleas? NO \_\_\_\_\_ YES \_\_\_\_\_ Ticks? NO \_\_\_\_\_ YES \_\_\_\_\_  
 FRONTLINE PLUS \_\_\_\_\_ FRONTLINE (REG.) \_\_\_\_\_ PROGRAM \_\_\_\_\_ REVOLUTION \_\_\_\_\_  
 SENTINEL \_\_\_\_\_ CAPSTAR \_\_\_\_\_ OTHER \_\_\_\_\_

**\*\*\*IF FLEAS or TICKS ARE FOUND ON YOUR PET WHILE HERE, IT WILL BE TREATED AT YOUR EXPENSE\*\*\***

If needed, does the Veterinarian have permission to perform tests?

- |   |           |          |
|---|-----------|----------|
| • <b>Heartworm Disease</b>                              | YES _____ | NO _____ |
| • <b>Intestinal Parasites (FECAL)</b>                   | YES _____ | NO _____ |
| • <b>Bloodwork</b> (Complete Blood Count and Chemistry) | YES _____ | NO _____ |
| • <b>Feline Leukemia/FIV</b> (CATS)                     | YES _____ | NO _____ |
| • <b>Urinalysis</b>                                     | YES _____ | NO _____ |
| • <b>Cytology</b> (Ears, Skin, Aspirate lump)           | YES _____ | NO _____ |
| • <b>X-Rays</b>   | YES _____ | NO _____ |



Does the veterinarian have permission to **sedate/anesthetize** your pet if necessary for treatment?  
 YES \_\_\_\_\_ NO \_\_\_\_\_

Does the veterinarian have **permission to treat** your pet if necessary? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_ **If the costs for necessary treatment goes above \$ \_\_\_\_\_, DO NOT TREAT BEFORE CONTACTING ME.**  
 \_\_\_\_\_ **Do what is necessary for my pet's health.**