



## NEW CLIENTS

DATE \_\_\_\_\_

YOUR NAME \_\_\_\_\_ PETS NAME \_\_\_\_\_

DOG OR CAT \_\_\_\_\_ BREED \_\_\_\_\_ SEX \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

REASON FOR VISIT / PROBLEM WITH ANIMAL:

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PROBLEM GETTING: BETTER \_\_\_\_\_ WORSE \_\_\_\_\_ NO CHANGE \_\_\_\_\_

APPETITE: NORMAL \_\_\_\_\_ EXCESSIVE \_\_\_\_\_ DECREASED \_\_\_\_\_

WATER INTAKE: NORMAL \_\_\_\_\_ EXCESSIVE \_\_\_\_\_ DECREASED \_\_\_\_\_

VOMITING: YES \_\_\_\_\_ NO \_\_\_\_\_

BOWEL MOVEMENT:

NORMAL \_\_\_\_\_ DIARRHEA \_\_\_\_\_ INCREASED \_\_\_\_\_ BLOODY \_\_\_\_\_ STRAINING \_\_\_\_\_

URINATION:

NORMAL \_\_\_\_\_ DECREASED \_\_\_\_\_ INCREASED \_\_\_\_\_ BLOODY \_\_\_\_\_ STRAINING \_\_\_\_\_

BEHAVIOR: NORMAL \_\_\_\_\_ LESS ACTIVE \_\_\_\_\_

DID YOUR PET EAT THIS MORNING? YES \_\_\_\_\_ NO \_\_\_\_\_

IS YOUR PET TAKING ANY MEDICATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

*if YES please list:* \_\_\_\_\_

PERMISSION TO SEDATE (IF NECESSARY)? YES \_\_\_\_\_ NO \_\_\_\_\_

SPAYED OR NEUTER: YES \_\_\_\_\_ NO \_\_\_\_\_

CATS ONLY: INDOOR CAT \_\_\_\_\_ OUTDOOR CAT \_\_\_\_\_ BOTH \_\_\_\_\_