

# Hudson Road Veterinary Clinic

Please give us important information about your pet

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Habitat:  Indoor only  Mostly indoor  Outdoor only  Mostly outdoor  In and out freely

Water consumption:  Drinks excessively  Does not drink excessively  Amount up  Amount down

Food(s): \_\_\_\_\_

Eats specific meals  Fed free choice \_\_\_\_\_ % table food \_\_\_\_\_ % treats \_\_\_\_\_ % food for different species

Appetite:  Very good  Good  Erratic  Picky  Poor  Very poor

Change in appetite:  Up  Down

Activity level:  Very active  Normal  Very inactive  More active  Less active

Behavior: Any notable change? \_\_\_\_\_

Lameness: Which leg(s)? \_\_\_\_\_  Constant  Intermittent Duration: \_\_\_\_\_

Difficulty rising:  No  Yes Duration: \_\_\_\_\_

Reluctance to jump or run:  No  Yes Duration: \_\_\_\_\_

Vomiting:  None/uncommon  Occasionally  Frequently Frequency: \_\_\_\_\_

What is vomited? \_\_\_\_\_

Is there a constant relationship to eating?  No  Yes \_\_\_\_\_

Diarrhea:  None/uncommon  Occasionally  Frequent Frequency: \_\_\_\_\_

Number of bowel movements per day: \_\_\_\_\_ Straining to defecate:  Yes  No

Coughing:  None  Occasionally  Frequent

Sneezing:  None  Occasionally  Frequent

Nasal discharge:  No  Yes  Pus  Watery  Bloody Duration: \_\_\_\_\_

Itching:  Seasonal  Year-round Location(s): \_\_\_\_\_

History of fight wounds:  No  Yes

Has tested positive for  Feline leukemia virus  Feline immunodeficiency virus If yes, how long ago? \_\_\_\_\_

Was your cat retested? \_\_\_\_\_

On heartworm preventive?  No  Irregularly  Regularly Number of months per year: \_\_\_\_\_  Daily  Monthly

Last heartworm test: \_\_\_\_\_ Has your pet ever been treated for heartworm?  Yes  No

Ticks noted recently:  Yes  No Fleas noted recently:  Yes  No

Medications regularly taken:  Heartworm preventive  Monthly flea product ( \_\_\_\_\_ )

Others: \_\_\_\_\_