

Owner _____ Patient _____ Date _____

Please indicate if you have noticed any of the following conditions or symptoms in your pet:

Loose Stool/Diarrhea ___ Vomiting ___ Coughing ___ Labored Breathing ___ Sneezing ___
Eye/Nose Discharge ___ Itching ___ Hair Loss ___ Fleas ___ Ticks ___ Skin growths ___
Lumps/Bumps ___ Bad Breath ___ Difficulty Eating ___ Itchy/Smelly ears ___ Scooting ___
Weight loss ___ Change in behavior ___ Change in sleep pattern ___ Weight gain ___
Change in water consumption ___ Change in food consumption ___ Painful ___ Stiff ___
Slow to rise ___ Licking/Chewing ___ Head shaking ___ Vision changes ___ Weakness ___
Activity change ___ Urination/Defecation changes ___

Internal Use Only	Last Fecal Exam _____	Last BW _____	Last UA _____	Rabies _____
Da2PPL _____	PRCC _____	FelV _____	Lepto _____	Bordetella _____

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