DATE: _______________________

PRESENTING COMPLAINT/SYMPTOMS

Why are we seeing your pet?
_________________________________________________________________________________
_________________________________________________________________________________
How was this problem noticed?
_________________________________________________________________________________
_________________________________________________________________________________

What symptoms are you seeing at home?
_________________________________________________________________________________
How long have the symptoms been present?
_________________________________________________________________________________
Did the symptoms start suddenly?
_________________________________________________________________________________

Are the symptoms: Progressing ____ Staying the same ____ Improving ____ Unsure ____

Have you noticed your pet exhibiting any of the following?
   Nasal discharge ____ Sneezing ____ Drooling ____ Pawing at the face ____ Lip smacking ____
   Dropping food ____ Bad breath ____

DIET/APPETITE

Has your pet’s appetite changed recently?
_________________________________________________________________________________
Is your pet having any trouble eating or drinking? Yes ____ No ____
   If yes, please explain: _______________________________________________________________
What type of diet do you feed your pet? (hard or soft) _______________________________________
Is your pet on a special diet for any health/allergy reasons? ___________________________________

DENTAL HISTORY

Has your pet ever received a professional anesthetized dental cleaning? Yes___ No___
   If yes, when was this last performed and at which clinic? ________________________________
Has your pet ever received any tooth extractions? Yes___ No___
   If yes, when was this performed and at which clinic? ________________________________
Has your pet ever received any other advanced dental procedures such as a root canal, etc.? Yes___ No___
   If yes, please explain: _______________________________________________________________

-OVER-
Do you provide any of the following dental homecare? Please check all that apply.

- Tooth brushing [ ] How frequently and when did you start? ________________________________
- Dental chews [ ] What type? ________________________________
- Water additive [ ] What brand? ________________________________

Does your pet chew on any type of hard bones, plush toys, rubber toys, or tennis balls?
  If so, please list which: ________________________________

MEDICAL HISTORY

Does your pet have any health problems we should be aware of? (Ex: heart murmur/disease, liver or kidney disease, diabetes, history of seizures or pancreatitis, etc.) If so, please explain: ________________________________

Please list ALL medications your pet is currently taking (please include the dose and how frequently the medication is given):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is your pet currently taking any medication(s) to treat the condition we are evaluating today? If yes, please list the medication(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have the above medications been associated with any improvement in the condition we are evaluating today? Please explain:

________________________________________________________________________
________________________________________________________________________

Has your pet taken any medications to treat this condition in the past? ________________________________

Has your pet ever had surgery other than a spay or neuter? Yes____ No____
  If yes, please explain: ________________________________

Does your pet have any food or drug allergies? Yes____ No____ If yes, please explain: ________________________________

Are your pet’s vaccines current? Yes____ No____ Flea/heartworm preventative? Yes____ No____

Do you have any other pets in your household? If so, please list the breed/species:

________________________________________________________________________

- OVER -