



DATE: _____

Last Name
Patient Name

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 this was 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: _____



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

- Tooth brushing
Dental chews
Water additive
How frequently and when did you start?
What type?
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: