



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 \_\_\_ 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: