



SICK PET INFORMATION FORM

Owner's Name _____ Pet's Name _____
Canine _____ Feline _____ Avian _____ Reptile _____ Other _____
Phone number where you can be reached **today** (Home) _____ (Work) _____ (Cell) _____
Reason for today's visit _____

Symptoms – Please check the appropriate response for this pet.

Appetite	Normal _____	Increased _____	Decreased _____	None _____
Drinking	Normal _____	Increased _____	Decreased _____	None _____
Urine	Normal _____	More Frequent _____	Less Frequent _____	Abnormal color/odor _____
Vomiting	No _____	Occasionally _____	Frequently _____	
Bowels	Normal _____	Loose _____	Diarrhea _____	Hard _____ (Occasionally or Frequently)
Coughing	No _____	Occasionally _____	Frequently _____	
Sneezing	No _____	Occasionally _____	Frequently _____	
Skin	Normal _____	Itchy _____	Dry _____	Dandruff _____ Oily _____
Lameness	No _____	Which Leg _____	How Long _____	

When did the problem start? _____
Has it gotten better/worse since it started? _____
Have you given any medication? _____
If yes, please list dosage and frequency. _____

Does your pet have any allergies to medication/food/other? _____
Has your pet had access to any food other than its pet food? If yes, please explain _____

My pet stays indoors _____ outdoors _____ in a fenced yard _____
Is your Dog/Cat on Heartworm Preventative? YES _____ NO _____
Has your pet missed any doses? NO _____ YES _____ How many? _____
Date of last Heartworm Test _____
Is your pet being treated for fleas? NO _____ YES _____ Ticks? NO _____ YES _____
FRONTLINE PLUS _____ FRONTLINE (REG.) _____ PROGRAM _____ REVOLUTION _____
SENTINEL _____ CAPSTAR _____ OTHER _____

*****IF FLEAS or TICKS ARE FOUND ON YOUR PET WHILE HERE, IT WILL BE TREATED AT YOUR EXPENSE*****

If needed, does the Veterinarian have permission to perform tests?

- | | | |
|---|-----------|----------|
| • Heartworm Disease | YES _____ | NO _____ |
| • Intestinal Parasites (FECAL) | YES _____ | NO _____ |
| • Bloodwork (Complete Blood Count and Chemistry) | YES _____ | NO _____ |
| • Feline Leukemia/FIV (CATS) | YES _____ | NO _____ |
| • Urinalysis | YES _____ | NO _____ |
| • Cytology (Ears, Skin, Aspirate lump) | YES _____ | NO _____ |
| • X-Rays | YES _____ | NO _____ |

Dr. Phil Better



Does the veterinarian have permission to **sedate/anesthetize** your pet if necessary for treatment?

YES _____ NO _____

Does the veterinarian have **permission to treat** your pet if necessary? YES _____ NO _____

_____ **If the costs for necessary treatment goes above \$ _____, DO NOT TREAT BEFORE CONTACTING ME.**
_____ **Do what is necessary for my pet's health.**