In order to expedite your visit please provide us with the following information to the best of your ability. If you are unsure of a question, please notify the attending technician:

- Reason for visit: ____________________________________________________________
- How long have symptoms been present? __________ Are the symptoms new or recurrent? (circle)
- How long have you owned your pet? __________ Have you had him/her since a puppy/kitten? Yes No
- Please list any places visited outside of the San Antonio area: ____________________________________________________________

**General** (Please circle appropriate response)

- Pet Location: Indoors Free Roaming Fenced Outdoors
- Appetite: Normal Increased Decreased
- Water Consumption: Normal Increased Decreased
- Weight: Normal Increased Decreased (how much ____)
- Activity Level: Normal Increased Decreased
- Abnormal swelling/discharge: No Yes Where? ____________________________________________________________

**Gastrointestinal**

- Vomiting: No Yes Frequency: __________________
- Defecation: Normal Increased Constipated
- Diarrhea: No Yes Frequency: __________________

**Urinary**

- Drinking more than normal? No Yes Duration: __________
- Straining to urinate? No Yes
- Urination-frequency/amount? Normal Increased Decreased Incontinent

**Respiratory/Cardiovascular**

- Difficulty breathing? No Yes
- Coughing? No Yes Describe: Dry Moist Productive
- Excessive panting? No Yes

**Neurologic**

- Mental level: Alert Depressed
- Collapse: No Yes Frequency: __________________
- Seizures: No Yes Frequency: __________________
- Pain? No Yes Where: __________________
- Trouble walking/Lameness? No Yes Where: __________________
- Changes in vision or hearing No Yes Explain: __________________

List any previous or ongoing illnesses in your pet's medical history: __________________

List any medications your pet has received in the past six months, please circle current medications.

__________________________________________________________
__________________________________________________________
__________________________________________________________

List any additional information you have regarding today’s visit including adverse reactions to medications:

________________________________________________________________________________________

Current diet including treats is/are:

________________________________________________________________________________________

Heartworm, flea, and tick preventatives used are: _____________________________________________