

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pet Name (First/Last): \_\_\_\_\_ Infinity ID: \_\_\_\_\_

1. Primary concern/presenting complaint: \_\_\_\_\_  
\_\_\_\_\_

2. When did symptoms first appear? \_\_\_\_\_  
\_\_\_\_\_

3. How have symptoms changed since they were first noticed? \_\_\_\_\_  
\_\_\_\_\_

4. What treatments have been provided for this concern (at home or by a family vet)?  
\_\_\_\_\_  
\_\_\_\_\_

5. Has your pet had any recent:			Explain Any Abnormalities
Vomiting?	Yes	No	_____
Coughing?	Yes	No	_____
Diarrhea?	Yes	No	_____
Sneezing?	Yes	No	_____
Weight changes in last 6 months?	Yes	No	_____
Change in thirst/appetite?	Yes	No	_____
Change in urination?	Yes	No	_____

6. Any known drug allergies or sensitivities? \_\_\_\_\_

7. Please list any major or chronic illnesses: \_\_\_\_\_  
\_\_\_\_\_

8. What prescription medications(s) does your pet take, including heartworm prevention?  
\_\_\_\_\_  
\_\_\_\_\_

9. What over-the-counter drugs or supplements does your pet take?  
\_\_\_\_\_

10. What type of pet food are you currently feeding? \_\_\_\_\_

11. How much do you feed? \_\_\_\_\_ How often? \_\_\_\_\_

12. What treats, scraps and table food do you feed? \_\_\_\_\_

13. Please circle which best describes your pet:  
Indoor Only    Mostly Indoors    Indoor/Outdoor    Mostly Outdoors    Outdoors Only

14. List the type(s) and number(s) or other pets in your household:  
\_\_\_\_\_

15. Date and type of last vaccinations: \_\_\_\_\_

16. Has your pet ever traveled or lived outside of Arizona? Yes No Where? \_\_\_\_\_

17. Received a blood transfusion or plasma transfusion? Yes No When? \_\_\_\_\_

18. Been treated with antivenom? Yes No When? \_\_\_\_\_

19. Cats only: Has your cat been tested for FeLV/FIV? Yes No When? \_\_\_\_\_ Result? \_\_\_\_\_