



Surgery
Radiology

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: _____

Lumps, bumps and masses:

- How long as the lump been present? _____
- Has the lump changed in size? _____
- Does the lump seem painful to your pet? _____
- Has the lump been biopsied or aspirated with a needle? _____

Do you have any additional concerns regarding your pet?
