

## Patient History

(please fill out the questions below with as much detail as possible if the answers are "yes")

1) Medications currently on (include dose & frequency)

---

---

2) Any changes with urination habits? (amount, frequency, or location)

---

---

3) Any changes with stool? (amount, frequency, consistency, or location)

---

---

4) Any changes with appetite or drinking?

---

---

5) Current diet for dry and/or canned food? (include name of food, amount given per day)

---

---

6) Any coughing or sneezing? Any eye or nose discharge?

---

---

7) Any vomiting? (frequency, new/old issue, consistency)

---

---

8) Any changes in behavior?

---

---

9) Any mobility issues? (not jumping as much, limping, hesitation before jumping or stairs...)

---

---

10) Does he/she ever go outside and/or hunt?

---

---

11) Are there any other pets in the house? \_\_\_\_\_

12) Any other concerns or questions?

---

---

---