

CHECK IN QUESTIONS

1. Reason for visit? _____

2. How long has it been going on? _____

1. Any possible known causes (got into trash/jumped off couch/etc)?

2. Has it gotten any better or worse over time (what made it better/worse)?

3. Are they eating and drinking normally? _____

1. IF YES: BM/Urine amount and consistency? _____

2. IF NO: Has the p ate anything odd (trash, mulch, etc), any food changes, how much water intake, last time they ate/drunk

4. Any coughing or sneezing? _____

1. IF YES: How long, any eye or nasal discharge and color

5. Any Vomiting (v+) or diarrhea (d+) _____

1. How often is V+ occurring, when did it start, is the v+ food, bile, or other

2. How often is D+ occurring, color od d+, any blood seen, amount, and frequency

6. Have any medications been given at home for this issue? Is the p on any daily meds, vitamins, or supplements?

7. Is the p on any flea/heartworm prevention? When was the p last deworming?

8. What brand of food do they currently eat, how much, and how often?

*9. If limping/ limb injury

1. Which leg (R/L) and front or rear leg _____

2. How long has it been going on? Any known cause? Does it get better with rest?

*10 If eyes/ears problem

1. Which one (L/R) and how long has it been going on? _____

2. Any known allergies or injury to the eye?
