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Wellness Visit Medical History

Date _____ Phone Number for Today (include area code) _____

Owners Name _____ Pets Name _____

Water drinking:
Increased
Decreased
No change

Appetite:
Increased
Decreased
No change

Does your pet go all night without urinating? Yes No

What kind of food do you feed? Canned Dry Brand _____

Bowel movements:
Diarrhea _____
Constipation _____
Mucus _____
Blood _____
Straining _____
No change _____

Any new lumps or bumps? No Yes

Please describe location and duration:

Any changes in skin or coat? _____

Respiration:
Coughing _____
Labored breathing _____
No change _____

Please describe any other problems or changes or any other information that may be helpful.

