**PATIENT HISTORY**

Overall how is your pet doing?

What kind of food is pet on? How much are you feeding?

Eating normally? Any recent diet changes, if so when?

Drinking normally? Excessive?

Urinating normally? Frequency? Amounts?

Defecating normally? Consistency?

What medications is your pet on? Dosage? When were they last given?

What flea, tick, heartworm preventative is your pet on? When were they last given?

If medications were started recently, any changes?

Is pet getting around okay? Walking normally?

Behavior or environmental changes?

 Any medical conditions the owner is aware of?

 IF pet is vomiting – What did it look like? Was it after a meal or activity?