



Roose Animal Hospital

Pet Information

Pet Name: _____ Species: _____

Breed: _____ Date of Birth/Age: _____

Male/Female: _____ Neutered/Spayed Yes or No

Color/Markings: _____

1) Does your pet have any behavior concerns (ex: aggressive, timid) or require special handling?

1) What kind of food do you feed your pet? _____

2) Have you noticed any new lumps or bumps? (circle one) Yes or No

If so, describe _____

3) Is your pet (circle all that apply) itching, scratching, shaking head, chewing on skin?

If so, describe _____

4) Have you noticed bad breath? (circle one) Yes or No

5) Is your pet having normal bowel movements and urination? (circle one) Yes or No

6) How is your pet's appetite? _____ Water intake? _____

7) How is your pet's activity level? _____

8) Does your pet limp after exercise or appear stiff in the mornings (circle one) Yes or No

9) Has your pet recently lost weight?(circle one) Yes or No Gained? Yes or No

10) Have you noticed any changes in your pet's behavior? (circle one) Yes or No

If so, describe _____

11) Is your cat an indoor or outdoor cat (or both)? (circle one) Indoor Outdoor Both

12) Does your dog go to (circle all that apply) Boarding Dog Park Groomers

13) Is your pet on any medications? (circle one) Yes or No

If so, which ones (including heartworm/flea & tick prevention) _____

14) What are your primary concerns today? _____
