

Clarkston Animal Medical Center
5904 S. Main St
Clarkston, MI 48346
248-625-5580

Date:

Client Name:

Patient Name:

Phone number to call TODAY with exam findings:

Please answer the following questions regarding your pet to help us with your appointment, answer as thoroughly as you can.

- Presenting concern/problem:
- Duration/how long has it been going on:
- Is your pet eating and drinking normally?
- Any vomiting? Diarrhea? Coughing? Sneezing?
 - Any signs of discharge from eyes or nose? Type – clear, mucous?
- Any medications your pet is taking, including over the counter supplements:
 - Is your pet on heartworm preventative monthly? Flea/tick preventative?
- Any vaccine history or reactions?
- What do you feed, type of food and amount fed, it is grain free?
 - Any changes in diet and/or treats in the past 6 months?
- Any unintentional changes in weight of your pet (increase/decrease)?
- Has your pet experienced the same type of signs/symptoms before?
- Has your pet gotten into anything, ie – outside, garbage, toys, etc?
- If you are new to our clinic, do you have your pet's medical history with you?
- Are your pet's stools normal? Any inappropriate urination or stools, ie – accidents in the house?
- Any other concerns or comments: