

**History Form - Canine & Feline - PROGRESS EXAM (within 30 days)**

North Central Animal Hospital

\_\_\_\_\_

Date	Client name	Pet Name	Species	Acct. #
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**Reason for Progress Exam** \_\_\_\_\_

**Changes in condition since last exam**    No    Yes, \_\_\_\_\_

**Improvement noted?**    No    Yes, \_\_\_\_\_

**Any new problems noted?**    No    Yes, \_\_\_\_\_

**Diet Fed:** Brand of dry and/or canned: \_\_\_\_\_

Amount \_\_\_\_\_    Frequency \_\_\_\_\_    Table food \_\_\_\_\_    Treats \_\_\_\_\_

**Diet changes since last visit:**    No    Yes \_\_\_\_\_

**Body Weight:**    weight loss    weight gain    no change

**Appetite:**    normal    increased    decreased

**Drinking:**    normal    increased    decreased

**Attitude:**    normal    abnormal

**Activity:**    normal    increased    decreased

**My pet last ate:** \_\_\_\_\_ ( am / pm )

**Medications/Parasite control/Supplements:**    No    Yes

*Please list what you are giving, the frequency, and when last given:*

**Problems or difficulties with medicating:**    No    Yes, \_\_\_\_\_

**Pain/Lameness:**    No    Yes    *mild    moderate    severe*    Location: \_\_\_\_\_

**Weak/Falling:**    No    Yes \_\_\_\_\_

**Seizures:**    No    Yes    Describe: \_\_\_\_\_

**Urination:**    normal    increased    decreased    straining    leaking

**Feces (stool):**    normal    abnormal    *Select:    too firm/dry    soft    diarrhea    blood    straining    worms*

**Vomiting:**    No    Yes    Frequency: \_\_\_\_\_    Describe: \_\_\_\_\_

**Coughing:**    No    Yes    Frequency: \_\_\_\_\_

**Sneezing:**    No    Yes    Frequency: \_\_\_\_\_

**Nasal discharge:**    No    Yes \_\_\_\_\_

**Breathing:**    *normal    increased    effort    panting    other* \_\_\_\_\_

**Odor noted:**    No    Yes    Location: \_\_\_\_\_

**Skin problems:**    No    Yes \_\_\_\_\_

**Eye problems:**    No    Yes \_\_\_\_\_

**Ear problems:**    No    Yes \_\_\_\_\_

**Behavioral concerns:**    No    Yes \_\_\_\_\_

**Any other specific concerns?**