

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

North Central Animal Hospital

Date Client name Pet Name Species Acct. #

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?