

**Please complete this form and bring it to your appointment or email it to** [amcsclientservices@SpecializedCare.pro](mailto:amcsclientservices@SpecializedCare.pro)

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| --- | --- | --- | --- | --- |
| **Owner Name:** |  | | | |
| **Patient Name:** |  | | | |
| **Problem/Complaint:** |  | | | |
| **List ALL clinics that have seen your pet for the problem/complaint listed above:** |  | | | |
| **Is your pet up-to-date on vaccines?** |  | | | |
| **Past Treatments for current problem:** |  | | | |
| **Medications:** | **Dose (mg)** | **How often:** | | **Last given:** |
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|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **What are you feeding your pet? (Include treats)** | **Brand** | **Amount** | | **How often:** |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
|  |  |  | |  |
| **Where did you get your pet?** |  | | | |
| **Any travel outside of PNW?** |  | | | |
| **In recent history have you noticed any changes in… (circle/Bold what applies)** | | | | |
| **Drinking:** (Increased/Decreased/Normal) | | | **Appetite:** (Increased/Decreased/Normal) | |
| **Weight:** (Increased/Decreased/Normal) | | | **Energy:** (Increased/Decreased/Normal) | |
| **Urination:** (Increased/Decreased/Normal) | | | **Defecation:** (Increased/Decreased/Normal) | |
| **Coughing:** (Increased/Decreased/None) | | | **Sneezing:** (Increased/Decreased/None) | |
| **Vomiting:** (Yes/No) **How often:** | | | | |
| **Describe any of the abnormal above:** | | | | |