

**Please complete this form and bring it to your appointment or email it to** amcsclientservices@SpecializedCare.pro

|  |  |
| --- | --- |
| **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:**  |