

Jonesborough Animal Hospital

1398 W Jackson Blvd
Jonesborough, TN 37659

Please give us some important information about your pet. Thank you!

Pet _____ Owner _____ Date _____

Habitat: Indoor only Mostly indoor Outdoor only Mostly outdoor In and out freely

Appetite: Very good Good Erratic Picky Poor Very Poor

Change in appetite: Up Down **Food brand:** _____

Diet: Eats specific meals Fed free choice _____ % table food _____ % treats _____ % dog food

Water consumption: Does not drink excessively Drinks excessively Amount up Amount down

Activity level: Very active Normal Very inactive More active Less active

YES NO

Do you **board** your pet?

Lameness: Which leg(s) _____ Constant Intermittent Duration: ____

Behavior: Any notable changes? _____

Vomiting: If yes, how often? _____ What is vomited? _____

Is there a relationship to eating? Yes No If yes, how? _____

Diarrhea: Occasionally Frequently Frequency: _____

If diarrhea is present: Number of bowel movements per day: _____

Straining to defecate: Yes No

Coughing: Occasionally Frequently

Sneezing: Occasionally Frequently

Nasal Discharge: Pus Watery Bloody Duration: _____

Itching: Seasonal Year-round Location(s) on your pet's body: _____

History of fight wounds: How many in the last 2 years: _____

Has been **tested** for: Feline Leukemia Virus Feline AIDS Virus Heartworm Disease

Results of test(s): Negative Positive

Fleas or ticks noted recently

On **heartworm preventive?** Irregularly Regularly Number of months per year: _____

On **flea preventive?** Irregularly Regularly Number of months per year: _____

Medications regularly taken: _____

Has your **address or phone number** changed recently? Yes No

New Information: Address: _____

City, State, Zip _____

Phone Number (_____) _____

E-mail address: _____