Canine Pre-E

Patient
Age
Date

You can help us provide the best possible care for your pet by answering
pet's health. Please bring this list with you to your appointment.

		For how long?
☐	Weight Loss	
☐	Weight gain	
☐	Vomiting	
☐	Diarrhea	
☐	Constipation or difficulty defecating	
☐	Increased drinking	
☐	Increased urination	
☐	Lumps/bumps or other Skin problem	
☐	Scratching at the skin or ears	
☐	Bad breath	
☐	Difficulty chewing	
☐	Change in urinary habits	
☐	Change in consistency of bowel movements	
☐	Coughing	
☐	Weakness after exercise	
☐	Increased panting	
☐	Decreased interaction/affection with family	
☐	Increased Irritability	
☐	Increased aggression	
☐	Increased fear	
☐	Increased anxiety	
☐	Decreased tolerance of handling	
☐	Over grooming	
☐	Licking non-food items	

For how long?

☐	Difficulty jumping on furniture	
☐	Difficulty climbing stairs	
☐	Difficulty getting in or out of the car	
☐	Weakness	
☐	Incoordination	
☐	Stiffness	
☐	Decreased activity	
☐	Sleeps more	
☐	Waking family at night	

Does your pet have any other problems?

Medications currently taking (including those purchased over the counter)

Any nutritional supplements (including those purchased over the counter or her

Diet

Where do you take your pet? (vacations, day trips etc.)

xamination History Checklist

g the following questions about your

Additional comments / details

Additional comments / details

bs)?