

3. What medications, supplements, and/or herbs does your pet currently take? Include the name, strength, dose, and frequency (Example: Rimadyl 100mg 1 tablet once daily).

4. What other treatments has your pet received for their problem(s) and how did they respond? Please be as specific as possible. If there were medications/supplements that your pet is not currently taking please list those as well.

5. What is your pet's current diet? Include brand of food, amount fed, and frequency fed. Also include all treats, fruits, vegetables, and other people food/table scraps and how much of each that your pet gets.

6. What other medical problems has your pet had? If these problems were not treated at Blue Cross Animal Clinic, please have the vet's office or referral practice send us a copy of records including any diagnostics/tests and the results.

7. Please circle all that apply to your pet's preferences.

Warm Areas	Cool Areas	No preference
Soft Surfaces	Hard Surfaces	No preference
Being alone	Being around others	No preference
Happier in the morning	Happier in the evening	No preference

8. Does your pet have any occasional vomiting or abnormal stools (diarrhea, constipation, etc)? If yes, how frequently? Please be as specific as possible if there are known triggers and describe the vomitus or stool (color, consistency, any strong odor, etc).

9. Circle all that apply to your pet's eating and drinking habits.

Appetite:	Normal	Increased	Decreased	Always been picky
Thirst:	Normal	Increased	Decreased	
Drinks large amounts frequently		Drinks large amounts infrequently		
Drinks small amounts frequently		Drinks small amounts infrequently		

10. Circle all that apply to your pet's urinations.

Frequency:	Normal	Increased	Decreased	
Color:	Clear	Normal	Dark	Pink/Red Tinged
Odor:	Normal	Strong Odor	No Odor	

11. Circle all that apply to your pet's skin and feet.

Brittle Nails	Dry Pads	Dry skin with large flakes	Dry skin with small flakes	
Greasy coat and skin	Itchy all day	Itchy in the morning	Itchy during the day	
Itchy at night	Chews on feet occasionally	Chews on feet all the time		
Chews on feet at night	Normal coat and skin			

12. Circle all that apply to your pet's breathing. If there is nasal discharge/snot please describe it below.

Normal breathing	Occasional cough	Frequent cough		
Dry, non-productive cough	Productive cough	Quiet cough	Loud cough	
Nasal congestion	Nasal discharge/snot	Frequent sneezing		

13. If your pet experiences pain or has mobility problems, please describe it below. For example: which leg(s), is it better or worse any specific time of day, after exercise, etc.

14. What other changes have you noticed in your pet? Include any changes to their sleeping patterns, overall activity, interactions with people and pets in the household, etc.

15. Is there anything else you want me to know that hasn't been covered in any of the other questions?