

Strawberry Hill Animal Hospital
350 Westport Ave Norwalk, CT 06851
203-847-5875

Phone # where you can be reached today _____

Reason for Veterinarian to examine your pet. _____

Is your pet indoor, outdoor, or both? INDOOR OUTDOOR BOTH

Is your pet currently on any medications? YES NO If yes, please specify current medications: _____

Did your pet receive any medications today _____

General Questions

How long have symptoms (if any) been present? _____

Symptoms	<input type="checkbox"/> Improving	<input type="checkbox"/> Unchanged	<input type="checkbox"/> Worsening
Water intake	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Increased
Appetite	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Increased
Energy level	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Increased
Urination	<input type="checkbox"/> Normal	<input type="checkbox"/> Decreased	<input type="checkbox"/> Increased

Do we have permission to do any of the following if needed?

Lab tests YES NO

X-rays YES NO

Sedation YES NO

Has your pet eaten today? YES NO If yes, when and how much? _____

Gastrointestinal Problem

Vomiting? YES NO If yes: Food Liquid Bloody How often? _____

Diarrhea? YES NO If yes: Soft Liquid Bloody How often? _____

Has your pet been treated for intestinal parasites recently? YES NO

Urinary Problem

Blood in urine? YES NO Accidents in house? YES NO

Increased volume of urination? YES NO Straining to urinate? YES NO

Frequent urination? YES NO

Upper Respiratory

Sneezing? YES NO Coughing? YES NO

Runny eyes? YES NO If yes, what color is the discharge? _____

Wounds/Swelling

Limping? YES NO Which limb? L front R front

L back R back

Have you noticed swelling in any area of the body? YES NO If yes, where? _____

Did you witness the injury? YES NO

If yes, was the injury caused by another animal? YES NO

If yes, please provide information about the other animal so that we can verify Rabies vaccination _____

Skin

Is he/she itchy? YES NO Is he/she losing hair? YES NO

Have you bathed him/her recently? YES NO Have you seen fleas? YES NO

Have you done any treatment? YES NO Have you seen ticks? YES NO

If yes, what did you use? _____ when was treatment done? _____

Is this a yearly/seasonal occurrence? YES NO

NOTICE: All animals will be checked for fleas and ticks. If detected, affected pets will be treated at owners expense.

Signature : _____