# ASHLAND ANIMAL CLINIC

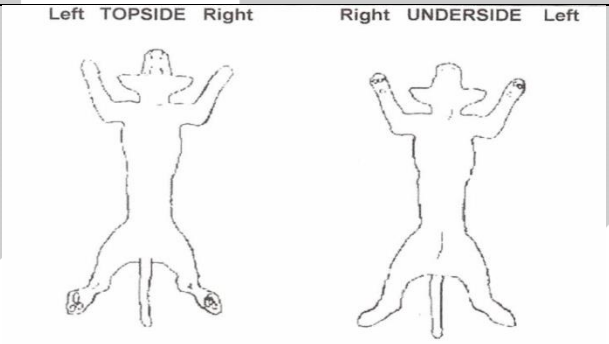
Owner's Name _____ Pet's Name _____

What is the current problem with your pet? _____

_____

How long has this been going on? _____

On a scale of 0 to 10, where would you rate your pet's pain? _____

| SYMPTOMS | YES | NO | If "YES", please circle relevant words/phrases |
|---|---|---|---|
| Change in appetite | | | Not eating at all / Decreased appetite / Will eat treats only<br>Eating more than usual / Diet change ___days/months ago |
| Change in drinking | | | Drinking more / Drinking less / Not drinking at all |
| Vomiting | | | White / Yellow / Pink / Food / Got into trash /<br>Recent diet change<br>History of hairballs / history of eating toys or string |
| Diarrhea | | | Watery / Blood tinged / Bloody / Mucous |
| Change in urination | | | Bloody urine / Increased frequency / Increased amount of urine<br>Smaller urine amounts but more frequently / Urinating out of box Straining<br>/ Vocalizing / Accidents at home / Licking vulva or penis |
| Coughing or sneezing | | | Moist / Dry / Occurs at night / Occurs during day |
| Lumps / Bumps<br><br>Please note on the drawings lumps and bumps -> | | |  |

Treatment

◯ Do NOT treat my pet without calling me first. (Examination: $48)

◯ Treat my pet if he/she up to $ _____ before calling/texting me. Phone: _____

Signature: _____ Date: _____