



**Port Royal Veterinary Hospital
Pre-Examination History Checklist**

Patient: _____

Age: _____

Date: _____

	No	Mild	Mod.	Severe	When Began?
1. Weight Gain _____ Weight Loss _____					
2. Appetite Increase _____ Decrease _____					
3. Vomiting _____ Diarrhea _____					
4. Constipation/Difficult Defecation _____					
5. Increased Drinking _____ Increased Urination _____					
6. Coughing _____ Weakness After Exercise _____ Increased Panting _____					
7. Lumps/Bumps _____ Skin Problems? _____ Describe: _____					
8. Bad Breath/Sore Gums/Difficulty Chewing _____					
9. Housesoiling: Incontinence (Dribbling Urine) Bowel Movements _____ Marking/Spraying _____					
10. Decreased Awareness: Gets Confused/Lost _____					
11. Decreased Recognition of Family, Commands _____					
12. Decreased Affection/Interaction w/ Family _____					
13. Increased Irritability, Agression _____					
14. Increased Fear/Anxiety _____					
15. Decreased Tolerance of Handling _____					
16. Decreased Hearing or "Selective" Hearing _____					
17. Repetitive Behaviors: Pacing _____ Grooming _____ Overgrooming _____ Licking Non-Food Items _____					
18. Decreased Grooming or Self Care _____					
19. Muscle Tremors/Shaking _____					
20. Weakness/Incoordination _____					
21. Difficulty Climbing Stairs/Increased Stiffness _____					
22. Decreased Activity/Sleeps More _____					
23. Excessive Vocalization: Day _____ Night _____					
24. Waking Family at Night _____					

Any other problems or concerns? _____

Medications currently taking: _____

Nutritional Supplements: _____

Diet: _____

Has your pet been previously diagnosed w/ any other medical problems: _____