

## **Brief History**

What brings you and your pet in today? \_\_\_\_\_

Is your pet eating and drinking normally? \_\_\_\_\_

What does your pet eat, and how much? \_\_\_\_\_

Have you noted any change in your pet's urination or defecation? \_\_\_\_\_

Do you have any concerns regarding your pet you would like the doctor to address today?

\_\_\_\_\_

Do you feel your pet has lost or gained weight since your last visit? \_\_\_\_\_

Does your pet have any medical conditions that we should be reminded of? \_\_\_\_\_

Is your pet on any medications including flea, tick and heartworm prevention? \_\_\_\_\_