Patient Progress Report

Patient _____

This information gives our doctors the most up-to-date information to care for your family member
Please be as accurate as possible and ask our team any questions you may have!

Have you Moved, new Email or Phone number? Please keep us in the loop!

New: Email Address or Phone _____

Food and Weight

Have you noticed your pet gaining or losing weight rapidly? _____

What diet are you feeding (including treats and table foods)? _____

_____

What **Heart worm prevention** do you use? _____

How many times daily do you feed your pet? _____

What are You Seeing?

Have you noticed any: ☐ Itching/Scratching ☐ Licking the Feet ☐ Skin Growths or Bumps

Have you noticed any: ☐ Scratching at the Ears ☐ Smell from the Ears

Is there any odor to the breath?

Have you noticed any: ☐ Sneezing ☐ Coughing ☐ Discharge from the Eyes or Nose

Have you noticed any limping?

Does he/she have any trouble: ☐ Getting up ☐ Climbing Stairs ☐ Jumping / Running

Has there been any recent: ☐ Vomiting ☐ Diarrhea ☐ Scooting If yes, how long ago and how often_____

Changes

Has there been any change in frequency or amount of urination?
Has there been an increase in water consumption?

Has there been a change in appetite? If yes: ☐ Increased or ☐ Decreased

Has there been a change in sleep patterns?

Has your pet had any accidents in the house?

Please list all medications and supplements you have recently given your pet including Flea, Tick and Heartworm medications (please list the name of each and when given):

_____

Activities and Exposure

How often does your pet:

Visit the groomer? _____ Use a boarding kennel? _____

Go to day care? _____

What percentage of the time does your pet spend outdoors? _____

Does your pet have any contact with wooded area?

Are there any deer or wild animals that visit your yard?

Do you take your pet camping or to lakes?

Have you seen any stray dogs or cats in the neighborhood?

Is there any long grass or tall weeds next to your yard in a common area or neighbor's yard?

Is there anything else that the doctor should know about?

Please list all chronic conditions and medications as well, please use the back if needed. **Thank you !**

_____

_____