

My Pet has a General Problem

1. My pet is

2. The problem seems to be located

3. The problem has been present for _____

4. Is the problem constant or intermittent? CONSTANT INTERMITTENT
If intermittent, describe what activity or situations the problem is associated with:

How frequent does the problem occur? _____

5. Has your pet been seen for this problem before? NO YES If so, please describe diagnosis, treatment and outcome.

6. List all medications and dosages your pet is currently taking:

7. Have you tried treating the current problems? NO YES If so, please describe treatment and outcome.

8. Does your pet have any known allergies to any medication? If so, list:

9. Please include any additional information which you feel may be helpful.

My contact number: _____

Please proceed with treatment in my pet's best interest

Please contact me prior to performing any treatment

Signature _____