



Medallion Animal Clinic

902 Medallion Center
Dallas, Texas 75214
(214) 369-4997
(214) 987-1033 fax

Please Give Us Some Important Information About Your Pet

Owner _____ Pet _____ Date _____

Habitat: Indoor only Mostly indoor Outdoor only Mostly outdoor In and out freely

Appetite: Very good Good Erratic Picky Poor Very poor

Change in appetite: Up Down **Food(s):** _____

Diet: Eats specific meals Fed free choice % table food _____ % treats _____ % pet food _____

Water Consumption: Does not drink excessively Drinks very excessively Amount up Amount down

Activity level: Very active Normal Very inactive More active Less active

YES NO

- Does/will your pet **board or go to daycare?**
- Does/will your pet go to: Shows Dog Park Hunting Camping Farm/Lake?
- Does/will your pet go to the **groomer?**
- Lameness:** Which leg(s) _____ Constant Intermittent Duration: _____
- Behavior:** Any notable change? _____
- Vomiting:** If yes, how often? _____
What is vomited? _____
Is there a relationship to eating? No Yes How? _____
- Diarrhea:** Occasionally Frequently Frequency: _____
If diarrhea is present: Number of bowel movements per day: _____
Straining to defecate: Yes No
- Coughing:** Occasionally Frequently
- Sneezing:** Occasionally Frequently
- Eyes Abnormal:** Redness Watery Cloudy Squinting Rubbing Duration: _____
- Nasal discharge:** Pus Watery Bloody Duration: _____
- Itching:** Seasonal Year-round Location(s) on the pet's body: _____
- History of **fight wounds:** How many in the last 2 years: _____
- Has **tested positive** for: Heartworms Feline Leukemia Virus Feline AIDS Virus Bartonella
If yes, how long ago? _____
- Fleas or ticks** noted recently?
- On **heartworm preventative?** Irregularly Regularly # of months per year: _____, Brand _____
- On **flea preventative?** Irregularly Regularly # of months per year: _____, Brand _____

When was your pet last vaccinated? _____

Medications regularly taken: _____

Summary of your concerns: _____

Has your address or phone number changed since last year? Yes No