** MEDICAL HISTORY FOR EXAMINATION**

**Describe the reason for your pet’s exam** including your pet’s problem from onset, last period of normalcy, treatments and response to treatment, duration and progression of signs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Weight:** too thin normal weight overweight weight loss weight gain

**2. Change in appetite:** increased decreased none

**3. Increased thirst?** yes no **Increased urination?** yes no

**Circle any additional procedures that you would like performed at the time of the exam:**

Nail Trim Microchip Identification Express Anal Glands Ear Clean Clackamas County License

**Do you need any medication refills, including flea/tick/heartworm/intestinal parasite prevention?** If so please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **GENERAL HEALTH: Please circle any concerns you have about your pet’s health.** **Circle normal if there is no concern.** Please ask your doctor or technician if you have any questions about any of the following categories. |

1. **EYES:**

normal

eyelid problem

eye color change

pain or discomfort

vision problem

redness or swelling

change in lens

**2. HEAD AND NECK:**

normal

swelling of head or neck

neck pain

**3. NOSE:**

normal

discharge

change in shape of nose

nose rubbing

abnormal breathing noise

sneezing

**4. MOUTH:**

normal

sore gums

trouble eating

swallowing difficulty

bad breath

excessive salivation

voice change

abnormal swellings

tartar build up

broken or loose teeth

**5. EARS:**

shakes head or scratches

ear infection/discharge

Redness

**6. HEART/LUNG:**

normal

exercise intolerance

breathing difficulty

coughing

fainting

**7. NERVOUS:**

normal

abnormal posture/walk

muscle tremor

seizures

back pain

**8. DIGESTIVE:**

normal

 vomiting

diarrhea

constipation

straining to defecate

blood or mucus on stool

passing worms

scoots or licks anus

**9. SKIN:**

normal

itching

fleas

loss of hair

rash

pigment change in skin or hair

odor

dry/flaky

redness to skin

dandruff

oily/dry skin

**10. MUSCLES/BONES/ JOINTS:**

normal

lame- \_\_\_\_\_\_\_\_\_\_ leg

loss of muscle

pain -\_\_\_\_\_\_\_\_\_\_\_\_\_

increased stiffness

difficulty on rising

difficulty climbing stairs

**11. URINARY:**

normal

strains when urinating

blood in urine

change in frequency of urination

incontinent

**12. BEHAVIOR:**

normal

aggression

spraying

separation anxiety

digging

eating feces

phobia of loud noises

barking

chewing

house soiling

**13. SWELLINGS, GROWTHS OR MASSES:** Describe location and when you first noticed it:

**14. REPRODUCTION:** Spayed Neutered Will be used for breeding