

Pet Hospital of North Park



Exam Form

Date:	Patient:	Age:
Owner:	Breed:	Sex:

Primary concern: _____

When did you first notice the problem? _____

When did you become concerned about it? _____

Has your pet been seen by another Veterinarian (when)? _____

If so,

Has your pet had any change on (circle accordingly):

Thirst: **Decreased** **No change** **Increased**

Appetite: **Decreased** **No change** **Increased**

Urination: **Decreased** **No change** **Increased**

Defecation: **Decreased** **No change** **Increased**

Body condition: **Decreased** **No change** **Increased**

Any vomiting? **No** **Yes** **How often?** _____

Any diarrhea? **No** **Yes** **How often?** _____

Have you given any medication after you became concerned about your pet? **Yes** **No**

If so, what medication? _____

Did you pet eat today? **Yes** **No** **At what time?** _____

If your pet needs sedation, radiographs or other procedures, we might schedule them at a different day and time.