Loch Haven VETERINARY HOSPITAL
URBAN PET CARE + BOARDING SERVICES

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Pre-Exam Check List Form

OFFICE USE ONLY
Client Number

OWNERS: *PLEASE FILL OUT THIS SECTION AND PRINT LEGIBLY*

Owner(s) _____
(must be at least 18 years of age)

Pet's Name _____

Reason for today's visit? _____

_____

Current Medication(s) / Supplements _____

_____

_____

Heartworm Prevention used: _____

Flea/Tick Control used: _____

Pet's Diet: _____

How often: _____

How much: _____

Treats: _____

Is your pet: ❑ *Indoor ONLY* ❑ *Outdoor ONLY* ❑ *Indoor/Outdoor*

Does your pet go to:

Groomer? ❑ **Y** ❑ **N** *Day Care?* ❑ **Y** ❑ **N** *Travel?* ❑ **Y** ❑ **N**
Dog Park? ❑ **Y** ❑ **N** *Boarding?* ❑ **Y** ❑ **N** *Swim in lake, pond, beach?* ❑ **Y** ❑ **N**

MEDICAL STAFF USE ONLY

RV Current: ❑ **Y** ❑ **N**

Fecal Sample: ❑ **Y** ❑ **N**

Preventatives:

_____

_____

_____

_____

OWNERS: *PLEASE CHECK WHICH BEST APPLIES:*

Drinking: ❑ Normal ❑ Increased ❑ Decreased
Appetite: ❑ Normal ❑ Increased ❑ Decreased
Urination: ❑ Normal ❑ Increased ❑ Decreased
Defecation: ❑ Normal ❑ Increased ❑ Decreased
Weight: ❑ Normal ❑ Increased ❑ Decreased

OWNERS: *PATIENT INFORMATION*	***Yes or No***	***Explain further if needed.***
Has your pet ever had a reaction to vaccines?	❑ Y ❑ N	
Has there been any recent vomiting?	❑ Y ❑ N	
Has there been any recent diarrhea?	❑ Y ❑ N	
Has there been any recent constipation?	❑ Y ❑ N	
Does your pet ever strain to urinate?	❑ Y ❑ N	
Has your pet been coughing?	❑ Y ❑ N	
Has your pet been sneezing?	❑ Y ❑ N	
Has your pet been lethargic?	❑ Y ❑ N	
Any weakness or stiffness?	❑ Y ❑ N	
Any lameness?	❑ Y ❑ N	
If so, Check which leg?:	❑ RF ❑ LF ❑ RR ❑ LR	
Shaking of head?	❑ Y ❑ N	
Any scratching? Where?	❑ Y ❑ N	
Has there been significant hair loss?	❑ Y ❑ N	
Does your pet scoot on his/her rear?	❑ Y ❑ N	
New or unusual lumps or bumps?	❑ Y ❑ N	
Any behavioral changes?	❑ Y ❑ N	
Bad breath?	❑ Y ❑ N	
OTHER:		

REV. 01.29.20

SUBMIT