

Owner Name : \_\_\_\_\_  
 Gender : (Check one) M    MN    F    FS

Pet Name : \_\_\_\_\_  
 Age/DOB : \_\_\_\_\_

<b>ISSUE (Circle what applies)</b>	<b>NO</b>	<b>MILD</b>	<b>MODERATE</b>	<b>SEVERE</b>	<b>When did problem begin?</b>
Weight gain or loss					
Appetite increase or decrease					
Vomiting or diarrhea					
Constipation or straining					
Increased thirst					
Increased urination					
Lumps or tumors					
Skin problems or itching					
Bad breath /difficulty chewing					
Decreased awareness, confused					
House soiling/spraying					
Decreased interaction w/ others					
Chewing, licking, repetitive behavior, pacing					
Increased irritability/aggression					
Increased fear/anxiety					
Decreased tolerance of touch					
Decreased hearing					
Decreased grooming or self-care					
Muscle tremors/shaking					
Weakness/ incoordination					
Difficulty moving/stiffness					
Decreased activity, sleeping more					

Excessive vocalization - Day or Night					
Waking owners at night					

Other Problems or concerns:

Medications:

Existing/On-going medical problems:

# Budget: \_\_\_\_\_

Date/Time: \_\_\_\_\_