

Walking with stiff or arched back? (yes / no)

6. **URINATION** - Normal (yes / no)

How long? _____

Increased amount? (yes / no)

Increased frequency? (yes / no)

Straining to urinate? (yes / no)

Dribbling urine? (yes / no)

Blood in urine? (yes / no)

When the pet is urinating, what time do you see blood?

A. Beginning B. Ending C. All the time

7. **ITCHING** - (yes / no)

How often? 1 2 3 4 5 6 7 8 9
Occasionally Constantly

Where? A. Tail area B. Body C. Ears

How long? _____

Is it seasonal? (yes / no) If so, what seasons? _____

Has your pet responded to medications or injections? (yes / no)

If so, which ones? _____

8. **COUGHING** - (yes / no) **SNEEZING** - (yes / no)

How long? _____

How often? 1 2 3 4 5 6 7 8 9
Occasionally Constantly

Coughing up phlegm? (yes / no) or blood? (yes / no)

Coughs most? A. After exercise B. At night when lying down

C. First thing in the morning

9. **LUMPS** - Where is it located? _____

How long has it been there? _____

Is it growing quickly? _____

10. **DOGS** - Is your dog on heartworm prevention? (yes / no)

If so, what type? A. Filaribits B. Heartgard C. Interceptor D. Sentinel

E. Revolution

When was it last given? _____

11. **CATS** - Has your cat been tested for Feline Leukemia? (yes / no)

or Feline AIDS (FIV)? (yes / no)

Is your cat currently vaccinated for Feline Leukemia? (yes / no)

or Feline Infectious Peritonitis (FIP)? (yes / no)

COMMENTS TO DOCTOR: _____
