

GRAND ISLAND

VETERINARY HOSPITAL

Canine ADR

Owner Name: _____ Pet Name: _____ Weight: _____ Date: _____

What is your pet's diet?

Brand: _____

Type: WET / DRY / BOTH

Amount Per Day: _____

Do you give your pet treats or table scraps?

Brand/Kind: _____

How often? _____

Please answer all that may apply:

Vomiting:

How Often? _____

When did it start? _____

What is your pet vomiting? _____

Diarrhea:

When did it start? _____

What color is it? _____

Is your pet straining? _____

Is your pet going more than normal? YES / NO

Urination:

Is your pet urinating more than normal? YES / NO

Is your pet struggling to urinate? YES / NO

Does your pet's urine have a strong scent? YES / NO

When did this start? _____

Number of litter boxes: _____

Where are they located? _____

Limping:

Is your pet limping? YES / NO

What leg is your pet limping on? _____

How long has your pet been limping? _____

Have there been any environmental changes? _____

How many animals live in the home? _____

Current Medications:

Medication	How Much	How Often

Current Supplements:

Supplement	How Much	How Often

Is your pet on any Flea/Tick prevention?

What kind? _____

When was it last given? _____

Has your pet recently received a FIV/FelV combo test?

If yes, when? _____

If no, would you like one today? YES / NO

Do you have any other questions or concerns for the doctor today? _____

If the doctor deems necessary:

YES / NO Are we able to perform a simple blood test to help us determine if there may be any medical conditions not apparent on a physical exam, such as elevated liver and kidney values, dehydration, diabetes, anemia, abnormal electrolyte values, blood clotting abnormalities, and internal infections.

YES / NO If your pet seems to be too painful, uncomfortable, or anxious, when performing procedures/treatments, for the safety of your pet and our staff, are we allowed to administer a sedative?

YES / NO Based on clinical signs, radiographs may be necessary to accurately diagnose. Radiographs will help rule out any medical conditions not apparent on physical exam, such as gastrointestinal blockages, urinary calculi, or abnormalities in bone structure, thorax and abdomen.

Signature: _____ Date: _____ PH#: _____