

**APPOINTMENT CHECK LIST (PLEASE COMPLETE ALL SECTIONS)**

Owner's Name: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) **Appetitie:**      normal      poor      excessive  
2) **Drinking:**      normal      poor      excessive  
3) **Energy:**      normal      lethargic      hyperactive  
4) **Diet:**      normal      dry      homemade      raw      people food  
5) **Eyes:**      normal      redness      itching      swelling      discharge

*Describe:* \_\_\_\_\_ *How many days?:* \_\_\_\_\_

- 6) **Ears:** normal      redness      odor      head-shaking      discharge

*Describe:* \_\_\_\_\_ *How many days?:* \_\_\_\_\_

- 7) **Vomiting:**      none      occasional      frequent      excessive  
*If so, is it:*      bile      food      fluids      "dry"

*How often?:* \_\_\_\_\_ *How many days?:* \_\_\_\_\_

- 8) **Diarrhea:**      none      occasional      frequent      excessive

*How often?:* \_\_\_\_\_ *How many days?:* \_\_\_\_\_

*Is there:*      mucous      blood      straining

- 9) **Lameness (limping):**      no      yes

*Which leg(s):*      front right      rear right      front left      rear left

*How long?:* \_\_\_\_\_

*Any injury noticed?:*      no      yes      *Can run?:*      yes      no

- 10) **Coughing:**      none      occasional      often      excessive

*Associated with:*      exercise      excitement      swallowing

*Pattern:*      morning      anytime      night

*Sound:*      harsh/gagging      soft      moist

- 11) **Sneezing:**      none      occasional      often      excessive

- 12) **Trouble Breathing:**      no      yes      *How long?:* \_\_\_\_\_

- 13) **Skin: Itching?:**      no      yes      *Severity?:*      minimal      some      frequent      excessive

*Where?:*      face      ears      paws      body      tail

*How long?:* \_\_\_\_\_ *Seasonal?:*      yes      no

- 14) **Urination:**      normal      increased      decreased

*Volume?:*      normal      increased      decreased

*Straining?:*      no      yes      *Blood?:*      no      yes      *Leaking urine?:*      no      yes

**Owners Signature:** \_\_\_\_\_