

**Strawberry Hill Animal Hospital**  
350 Westport Ave Norwalk, CT 06851  
203-847-5875

Phone # where you can be reached today \_\_\_\_\_

Reason for Veterinarian to examine your pet. \_\_\_\_\_

Is your pet indoor, outdoor, or both?  INDOOR  OUTDOOR  BOTH

Is your pet currently on any medications?  YES  NO If yes, please specify current medications: \_\_\_\_\_

Did your pet receive any medications today \_\_\_\_\_

**General Questions**

How long have symptoms (if any) been present? \_\_\_\_\_

Symptoms  Improving  Unchanged  Worsening

Water intake  Normal  Decreased  Increased

Appetite  Normal  Decreased  Increased

Energy level  Normal  Decreased  Increased

Urination  Normal  Decreased  Increased

**Do we have permission to do any of the following if needed?**

Lab tests  YES  NO

X-rays  YES  NO

Sedation  YES  NO

**Has your pet eaten today?**  YES  NO If yes, when and how much? \_\_\_\_\_

**Gastrointestinal Problem**

Vomiting?  YES  NO If yes:  Food  Liquid  Bloody How often? \_\_\_\_\_

Diarrhea?  YES  NO If yes:  Soft  Liquid  Bloody How often? \_\_\_\_\_

Has your pet been treated for intestinal parasites recently?  YES  NO

**Urinary Problem**

Blood in urine?  YES  NO Accidents in house?  YES  NO

Increased volume of urination?  YES  NO Straining to urinate?  YES  NO

Frequent urination?  YES  NO

**Upper Respiratory**

Sneezing?  YES  NO Coughing?  YES  NO

Runny eyes?  YES  NO If yes, what color is the discharge? \_\_\_\_\_

**Wounds/Swelling**

Limping?  YES  NO Which limb?  L front  R front

L back  R back

Have you noticed swelling in any area of the body?  YES  NO If yes, where? \_\_\_\_\_

Did you witness the injury?  YES  NO

If yes, was the injury caused by another animal?  YES  NO

If yes, please provide information about the other animal so that we can verify Rabies vaccination \_\_\_\_\_

**Skin**

Is he/she itchy?  YES  NO Is he/she losing hair?  YES  NO

Have you bathed him/her recently?  YES  NO Have you seen fleas?  YES  NO

Have you done any treatment?  YES  NO Have you seen ticks?  YES  NO

If yes, what did you use? \_\_\_\_\_ when was treatment done? \_\_\_\_\_

Is this a yearly/seasonal occurrence?  YES  NO

**NOTICE: All animals will be checked for fleas and ticks. If detected, affected pets will be treated at owners expense.**

Signature : \_\_\_\_\_