



At Fairfield Animal Hospital our goal is to provide the best medical care available for your pet. Please help us reach this goal by providing as much information as possible. Thank You!

Owner's Name _____ Date _____

Pet's Name _____ Date of Birth _____ Age _____

Species _____ Breed _____ Color _____ M MN F FS

Current Medications/preventions: _____

Is your pet allergic to any medications? Y N If so please list _____

Other allergies _____

Has your pet had any medications today? If so please list _____

Reason for today's visit: _____

Is your pet eating normally? Y N What has your pet eaten today? _____

Is your pet drinking normally? Y N What has your pet had to drink today? _____

Has your pet had a bowel movement today? Y N Was the stool normal? Y N Diarrhea? Y N

Bloody? Y N If stools abnormal, for how long? _____

Urinate today? Y N Was urine normal? Y N Frequency: More often Less often

Accident or injury? Y N Details _____

Recent surgery? Y N Describe _____

Vomiting? Y N How long? _____

Lethargy (Lack of Energy)? Y N How long? _____

Limping? Y N Which leg? RF RR LF LR

Reason for the limp, if known: _____

Coughing/gagging? Y N How long? _____

Sneezing? Y N How long? _____

Scratching? Y N Where? _____

Seizures? Y N Last occurrence: _____

New Lumps/Bumps? Y N Where/how long? _____

Bad Breath? Y N How long? _____

Weight gain/Loss? Y N How much/when? _____

Behavioral changes? Y N Describe: _____

Other comments: _____

I authorize pain relief or sedation for examination or treatment today if necessary: Y N Call 1st

Please note a day board fee will be added to all dropped off patients.

Owner's Signature: _____ Date: _____

Number(s) we can contact you at TODAY: _____