



# Medallion Animal Clinic

902 Medallion Center  
Dallas, Texas 75214  
(214) 369-4997  
(214) 987-1033 fax

## Please Give Us Some Important Information About Your Pet

Owner \_\_\_\_\_ Pet \_\_\_\_\_ Date \_\_\_\_\_

**Habitat:**  Indoor only     Mostly indoor     Outdoor only     Mostly outdoor     In and out freely

**Appetite:**  Very good     Good     Erratic     Picky     Poor     Very poor

**Change in appetite:**  Up     Down    **Food(s):** \_\_\_\_\_

**Diet:**  Eats specific meals     Fed free choice    % table food \_\_\_\_\_    % treats \_\_\_\_\_    % pet food \_\_\_\_\_

**Water Consumption:**  Does not drink excessively     Drinks very excessively     Amount up     Amount down

**Activity level:**  Very active     Normal     Very inactive     More active     Less active

### YES NO

- Does/will your pet **board or go to daycare?**
- Does/will your pet go to:  Shows     Dog Park     Hunting     Camping     Farm/Lake?
- Does/will your pet go to the **groomer?**
- Lameness:** Which leg(s) \_\_\_\_\_  Constant     Intermittent    Duration: \_\_\_\_\_
- Behavior:** Any notable change? \_\_\_\_\_
- Vomiting:** If yes, how often? \_\_\_\_\_  
What is vomited? \_\_\_\_\_  
Is there a relationship to eating?  No     Yes    How? \_\_\_\_\_
- Diarrhea:**  Occasionally     Frequently    Frequency: \_\_\_\_\_  
If diarrhea is present: Number of bowel movements per day: \_\_\_\_\_  
Straining to defecate:  Yes     No
- Coughing:**  Occasionally     Frequently
- Sneezing:**  Occasionally     Frequently
- Eyes Abnormal:**  Redness     Watery     Cloudy     Squinting     Rubbing    Duration: \_\_\_\_\_
- Nasal discharge:**  Pus     Watery     Bloody    Duration: \_\_\_\_\_
- Itching:**  Seasonal     Year-round     Location(s) on the pet's body: \_\_\_\_\_
- History of **fight wounds:** How many in the last 2 years: \_\_\_\_\_
- Has **tested positive** for:  Heartworms     Feline Leukemia Virus     Feline AIDS Virus     Bartonella  
If yes, how long ago? \_\_\_\_\_
- Fleas or ticks** noted recently?
- On **heartworm preventative?**  Irregularly     Regularly    # of months per year: \_\_\_\_\_, Brand \_\_\_\_\_
- On **flea preventative?**  Irregularly     Regularly    # of months per year: \_\_\_\_\_, Brand \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_

**Medications** regularly taken: \_\_\_\_\_

**Summary of your concerns:** \_\_\_\_\_

Has your address or phone number changed since last year?  Yes  No