

# South Texas Veterinary Specialists, LLP

In order to expedite your visit please provide us with the following information to the best of your ability. If you are unsure of a question, please notify the attending technician.

- Reason for visit: \_\_\_\_\_
- How long have symptoms been present? \_\_\_\_\_ Are the symptoms new or recurrent? (circle)
- How long have you owned your pet? \_\_\_\_\_ Have you had him/her since a puppy/kitten? Yes No
- Please list any places visited outside of the San Antonio area: \_\_\_\_\_

## General (Please circle appropriate response)

Pet Location:	Indoors	Free Roaming	Fenced Outdoors
Appetite :	Normal	Increased	Decreased
Water Consumption:	Normal	Increased	Decreased
Weight:	Normal	Increased	Decreased (how much _____)
Activity Level:	Normal	Increased	Decreased
Abnormal swelling/discharge:	No	Yes	Where? _____

## Gastrointestinal

Vomiting	No	Yes	Frequency: _____
Defecation	Normal	Increased	Constipated
Diarrhea	No	Yes	Frequency: _____

## Urinary

Drinking more than normal	No	Yes	Duration: _____
Straining to urinate?	No	Yes	
Urination-frequency/amount	Normal	Increased	Decreased Incontinent

## Respiratory/Cardiovascular

Difficulty breathing	No	Yes	
Coughing	No	Yes	If Yes, describe: Dry Moist Productive
Excessive panting	No	Yes	

## Neurologic

Mental level	Alert	Depressed	
Collapse	No	Yes	Frequency: _____
Seizures	No	Yes	Frequency: _____
Pain	No	Yes	Where: _____
Trouble walking/Lameness	No	Yes	Where: _____
Changes in vision or hearing	No	Yes	Explain: _____

- List any previous or ongoing illnesses in your pet's medical history:

\_\_\_\_\_

- List any medications your pet has received in the past six months, **please circle current medications.**

\_\_\_\_\_

\_\_\_\_\_

- List any additional information you have regarding today's visit including adverse reactions to medications:

\_\_\_\_\_

- Current diet including treats is/are: \_\_\_\_\_

- Heartworm, flea, and tick preventatives used are: \_\_\_\_\_