



ANIMAL CARE

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Please fill this form out and either email it back or bring it to your appointment. Thanks!

Please answer with as much detail as possible. If the question is not relevant to your pets ailment please skip.

What symptoms is your pet experiencing? _____

Symptoms include any of the following: Diarrhea, Vomiting, Lethargy, Weight Loss, Weakness, Coughing, Sneezing, Increased Urination, Straining to Urinate, Increased Thirst/ Drinking, Appetite Loss, Behavioral Changes, Breathing Problems, Loss of Balance, Limping/ Lameness, Scooting, Scratching, Head Shaking, Gagging, Squinting or Pawing at Eye

How long has your pet been experiencing these symptoms? _____

Did this come on quickly? _____

Have the symptoms gotten better, worse, or remained consistent? _____

Has your pet had any changes in appetite? _____

What is your pet's current diet and how much do you feed? _____

Has there been any change in diet or any new treats/ foods? _____

Could your pet have gotten into anything such as plants, medications, chemicals, or toxic food items? _____

If you have other pets in your household are they experiencing symptoms as well? _____

Does your pet attend any boarding or daycare facilities? _____

Has your pet traveled anywhere recently? _____

Has your pet experienced any trauma such as a fall, animal attack/dog fight/ hit by car? _____

Has your pet experienced any of the following recently, coughing, decreased ability to exercise or collapse? _____

Does your pet have any previous disease (even if untreated) such as heart murmur/ heart disease, seizure/epilepsy, kidney/ liver/ pancreas disease, diabetes, or hypertension? _____

Does your pet have any neurologic signs such as seizures, uncontrollable rapid eye movement (nystagmus), changes in behavior (sudden aggression, appetite change, vision or hearing changes, head pressing, head tilt, or forgetfulness)? _____

Is your pet currently on any medications? If so what are they and what is the dosing you are currently giving? _____