



Hawks Prairie Veterinary Hospital

Please take a moment and answer the following questions so that we can better help your pet.

BEST contact phone number for this appointment: _____

[NOTE: The vet may call you from a cell phone, which will show up as an unlisted number. Please be sure to pick up]. For Curbside appointments, please don't leave while your pet is in the building without talking to the doctor team first. Please note, there may be a Short-Term Boarding Fee (\$15) if you choose to leave your pet with us while you run an errand.

Client Name: _____ Pet's name: _____

Reason for today's visit:

Eating: Normal Less than normal Not eating

If eating is not normal, how long has this been going on? Has anything changed (new food or treats) Do we like to eat things we should not? Are items missing around the house?

What food is your pet currently on(kibble, canned, homemade diet? Any treats or chews? Any people food? If yes, what kind? Do you know roughly how much your pet is fed at each feeding, and how many times a day is he/she fed?

Water Intake: Normal Less than normal Not drinking

If there is a change to amount your pet drinks, how long has this been going on?

Vomiting: Yes No How long has it been going on? How often a day? What is in the vomit?

Diarrhea: Yes No How long has it been going on? How often a day? Color/consistency?

Have we recently gotten into anything (trash, compost, fish, etc)? Yes No What did we get into? and When?

Urinating: Normally Not urinating Difficulty urinating

If urination is not normal, how long has this been going on and what are you seeing?

Coughing: Yes No How long has it been going on? Is there a trigger for the cough? Can you describe the cough?

Sneezing: Yes No. How long has it been going on? _____

Do you frequent any of the following (please check all that apply): boarding, grooming, dog parks, daycare facilities? If yes when what date? _____

What, if any, medications and/or supplements is your pet on? This includes flea, tick and heartworm preventatives. Name of drug or supplement, how often it's given, dosing if you know it:

Is your pet currently on any flea preventative? Yes No What product? When was it last applied/dosed? _____

If you are seeing skin issues, when did they start? Is there certain times of year you see these issues?

What symptoms are you noticing (Scratching? If yes, what part of body? Rash present? If yes, where?)

Are you noticing any ear issues? Left Right Both None If yes, check what you've noticed: scratching at ear(s), rubbing side of head on ground, odor to ear(s)

When did the ear issue start? _____

What other important information should we know about your pet? Is there previous medical history/history of illness or injury that we should know?

Please email the completed form to hpstaff@hawksprairievets.com.