

# History Form - Canine & Feline - *PROGRESS EXAM (within 30days)*

Willard Veterinary Clinic

Date

Client name

Pet Name

Species

Acct. #

**Reason for Progress Exam** \_\_\_\_\_

**Changes in condition since last exam**      No      Yes, \_\_\_\_\_

**Improvement noted?**      No      Yes, \_\_\_\_\_

**Any new problems noted?**      No      Yes, \_\_\_\_\_

**Diet Fed:** Brand of dry and/or canned: \_\_\_\_\_

Amount \_\_\_\_\_ Frequency \_\_\_\_\_ Table food \_\_\_\_\_ Treats \_\_\_\_\_

**Diet changes since last visit:**      No      Yes \_\_\_\_\_

**Body Weight:**      weight loss      weight gain      no change

**Appetite:**      normal      increased      decreased

**Drinking:**      normal      increased      decreased

**Attitude:**      normal      abnormal

**Activity:**      normal      increased      decreased

**My pet last ate:** \_\_\_\_\_ ( am / pm )

**Medications/Flea/Ticks/Heartworm/Supplements:**      No      Yes

*Please list what you are giving, the frequency, and when last given:*

**Problems or difficulties with medicating:**      No      Yes, \_\_\_\_\_

**Pain/Lameness:**      No      Yes      *mild      moderate      severe*      Location: \_\_\_\_\_

**Weak/Falling:**      No      Yes \_\_\_\_\_

**Seizures:**      No      Yes      Describe: \_\_\_\_\_

**Urination:**      normal      increased      decreased      straining      leaking

**Feces (stool):**      normal      abnormal      *Select:      too firm/dry      soft      diarrhea      blood      straining      worms*

**Vomiting:**      No      Yes      Frequency: \_\_\_\_\_      Describe: \_\_\_\_\_

**Coughing:**      No      Yes      Frequency: \_\_\_\_\_

**Sneezing:**      No      Yes      Frequency: \_\_\_\_\_

**Nasal discharge:**      No      Yes \_\_\_\_\_

**Breathing:**      *normal      increased      effort      panting      other* \_\_\_\_\_

**Odor noted:**      No      Yes      Location: \_\_\_\_\_

**Skin problems:**      No      Yes \_\_\_\_\_

**Eye problems:**      No      Yes \_\_\_\_\_

**Ear problems:**      No      Yes \_\_\_\_\_

**Behavioral concerns:**      No      Yes \_\_\_\_\_

**Any other specific concerns?**