DATE:_____

*Pet health can improve /decline dramatically in a short period of time. The more information, the better we are able to treat your pet. Please fill out the following questions to the best of your ability.

Vomiting: ❑ None ❑ Yes (If yes, Please fill out the information below)
Frequency of vomiting: _____ *** For how many days: _____
What (if any) medications/treatments were administered for the vomiting? _____

Diarrhea: ❑ None ❑ Yes (If yes, Please fill out the information below)
Describe the bout of Diarrhea: ❑ Blood ❑ Clear ❑ Mucous ❑ Straining ❑ Black Stool
Frequency of diarrhea: _____ *** For how many days: _____
What (if any) medications/treatments were administered for the diarrhea? _____

Please mark on the line where you feel your pet is at:

Urination: Less than normal ----------Normal----------Significantly Increased
Water Consumption: Less than normal ----------Normal----------Significantly Increased
Appetite: Less than normal ----------Normal----------Significantly Increased
Activity Level: Less than normal ----------Normal----------Significantly Increased
Comfort/Attitude: Less than normal ----------Normal----------Significantly Increased

Anti-Nausea: How much & how often? Need Refill?			Stomach Protector: How much & how often? Need Refill?		
❑ Cerenia	_____	❑	❑ Pepcid (Famotidine)	_____	❑
❑ Zofran (ondansetron)	_____	❑	❑ Sucralfate	_____	❑
Ant-Diarrhea: How much & how often? Need Refill?			**Appetite Stimulant:** How much & how often? Need Refill?		
❑ Metronidazole (Flagyl)	_____	❑	❑ Entyce	_____	❑
			❑ Mirtazapine	_____	❑
Pain Meds: How much & how often? Need Refill?			**Misc Meds:** How much & how often? Need Refill?		
❑ Bupernorphine	_____	❑	❑ Prednisone/ Prednisolone	_____	❑
❑ Metacam	_____	❑			
❑ Piroxicam	_____	❑	❑ Reglan (metoclopramide)	_____	❑
❑ Gabapentin	_____	❑			
Chemo: What specific days? Need Refill?			**Any other medications or Supplements not list:** Name of Med: How many & how often? Need Refill?		
❑ Palladia	_____	❑	_____	_____	❑
❑ Cytoxan	_____	❑	_____	_____	❑
❑ Leukeran (chlorambucil)	_____	❑	_____	_____	❑

For RECHECKS ONLY: Do you need to speak to the doctor PRIOR to treatment or chemo? ❑ Yes ❑ No

Do you have any ongoing or new concerns?

BEST CONTACT # FOR TODAY'S VISIT: