

STONEHAVEN PARK VETERINARY HOSPITAL

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**Please give us important information about your pet
which will help us during your pet's
INITIAL PHYSICAL EXAMINATION.**

My Pet Now Lives: Indoors only Mostly indoors Outdoors only Mostly outdoors In and out freely

My Pet Drinks: A normal amount More than normal Less than normal

My Pet Eats: Pet Food - Brands(s) _____ Dry Canned Mixed People Food
 Eats set meals Fed free choice _____ % Treats _____ % People Food

My Pet's Appetite Is: Very good Good Picky Poor Very poor Increased Decreased

My Pet's Activity Level Is: Very active Normal Very inactive More active Less active

Describe any changes in behavior you have noticed: _____

Have You Noticed Any:

Lumps, Bumps, or Masses? No Yes Location(s) _____

Lameness: Which leg(s) _____ Constant Intermittent

Difficulty rising: No Yes **Reluctance to jump or run:** No Yes

Vomiting: None/uncommon Occasionally Frequently What is vomited? _____

Diarrhea: None/uncommon Occasionally Frequent

Number of Bowel Movements Per Day: 1-2 3-4 I don't know **Straining to defecate:** No Yes

Coughing: None/uncommon Occasionally Frequent At night or while sleeping

Sneezing: None/uncommon Occasionally Frequent

Itching: Seasonal Year around Where does your pet scratch, rub, or lick? _____

Are You Giving Heartworm Prevention? Yes - Brand: _____ Last dose given: _____ No Sometimes

Are You Using Flea/Tick Prevention? Yes - Brand: _____ Last dose given: _____ No Sometimes

Have fleas been present? No Yes **Have ticks been present?** No Yes

Other information which may be helpful to us: _____
