



627 Redondo Ave • Long Beach • CA 90814 • 562.439.4228 • Fax 562.439.4547 • www.catsanddogsah.com

Owner's Name: _____ Date: _____

Contact Phone Number(s): _____

Pet's Name: _____ Indoor / Outdoor Age: _____

Reason for Drop Off: _____

Has your pet shown any of the following signs or symptoms?

Unusual body odors?	YES	NO	Head shaking or ear odor?	YES	NO
Coughing, sneezing or wheezing?	YES	NO	Itching or scratching?	YES	NO
Gagging or choking?	YES	NO	Poor coat or hair loss?	YES	NO
Vomiting or diarrhea?	YES	NO	Tremors or seizures?	YES	NO
Scotting rear end?	YES	NO	Unusual discharge?	YES	NO
Listlessness or weakness?	YES	NO	Skin problems?	YES	NO
Red gums or offensive breath?	YES	NO	Lumps or bumps?	YES	NO

Has your pet shown significant change in any of the following?

Character of bowel movements?	YES	NO	Increase in drinking?	YES	NO
Frequency or amount of urination?	YES	NO	Change in behavior?	YES	NO
Weight gain or loss?	YES	NO	Difficulty hearing?	YES	NO
Change in appetite?	YES	NO	Difficulty seeing?	YES	NO

Has your pet shown any of the following signs of pain?

Lameness in limbs?	YES	NO	Listlessness?	YES	NO
Stiffness when getting up?	YES	NO	Crying or whimpering?	YES	NO
Hiding in unusual areas?	YES	NO	Straining to urinate or defecate	YES	NO
Uncontrollable shaking?	YES	NO	Excessive drooling?	YES	NO
Excessive panting?	YES	NO	Sensitivity when chewing?	YES	NO

Brand of Food: _____

Canned / Dry / Both

Amount / Frequency: _____

Treats: _____

Last time your pet ate / drank: _____

Flea Control: _____

Frequency: _____

Heartworm Prevention: _____

Frequency: _____

Current medications / Amount / Frequency / Last given:
