

DAY PATIENT NOTES

Patient Label

My pet is here to see Dr. _____

Date: _____

Office Use Only

Weight: _____
 Temp: _____
 Cage #: _____
 Reason for visit: _____

Contact Number(s): _____

Is your pet currently on flea/tick prevention? **Yes** **No** Time of last meal: _____ a.m./p.m.

If so, please tell us when it was last applied: _____

HEALTH UPDATE: Compared to last visit

Current Medications:

	Normal	Increased	Decreased	Medication / Dose	Refill?	Location:	Last Given:
Appetite:	Normal	Increased	Decreased	_____	Yes No	_____	_____
Attitude:	Normal	Increased	Worse	_____	Yes No	_____	_____
Activity:	Normal	Increased	Decreased	_____	Yes No	_____	_____
Water Intake:	Normal	Increased	Decreased	_____	Yes No	_____	_____
Stools:	Normal	Increased	Decreased	_____	Yes No	_____	_____
Urination:	Normal	Increased	Decreased	_____	Yes No	_____	_____
Vomiting:	None	Increased*	Decreased*	_____	Yes No	_____	_____

*How Frequent: _____

Give brief update on pet's condition: *If additional space is needed please elaborate on back of the sheet.*
