



For Office Use Only:
Dr. _____
TOA: _____
Appt. Time: _____
Date: _____
Weight: _____

INTERNAL MEDICINE RECHECK SHEET

Client: _____ Contact Numbers: _____

Patient: _____ Species: _____ Breed: _____ Sex: _____
Age: _____ Previous Weight: _____ Pt. ID #: _____

To be able to provide the very best care to your pet and maintain accurate medical records, please tell us briefly how your pet has been doing since the last visit.

Please check any symptoms or problems that you have noticed occurring in your pet.

Appetite:

- Good
- Poor
- Improving
- Change in Diet _____

Breathing Problems

Coughing, Sneezing, or Nasal Discharge

Vomiting / If so how frequently does it occur? _____

Weakness

Water Consumption:

- Appropriate
- Excessive
- Decreased

Increased Urination

Scotting/Inappropriate Elimination

Depression/Inactivity

Eliminations:

- Normal
- Diarrhea
- Constipation
- Increased Urination
- Decreased Urination
- Blood in Urine

Please list any questions or concerns.

Will you need refills on current medications?

- Yes
- No