



Where did you obtain your pet?
How long have you owned your pet?
Where is your pet housed? Indoors <input type="checkbox"/> outdoors <input type="checkbox"/> both <input type="checkbox"/>
Purpose of animal? Pet <input type="checkbox"/> Show <input type="checkbox"/> Sport <input type="checkbox"/> Guard <input type="checkbox"/>
For intact females: when, approximately, was your pet's last heat cycle?
For neutered/spayed pets: When, approximately was the surgery performed?
What is your pet's current diet?
Does your pet have contact with other animals?
Has your pet ever traveled outside of Southeastern Michigan?
What medications is your pet currently receiving?
Has your pet had any bad reactions to medication?
What illnesses, injuries or surgeries has your pet had prior to this problem?
Is your pet currently coughing or sneezing?
Has there been any change in your pet's willingness to play or exercise?
Is your pet currently vomiting?
Has there been a recent change in your pet's appetite?
Has your pet lost or gained weight recently?
Has there been any recent change in your pet's bowel movements?
Has there been any change in your pet's urinary habits?
Have you noticed a change in the amount of water your pet drinks?
Other comments:

Thank you. A thorough medical history is essential if proper therapy is to be administered to your pet.