

Mayfair Animal Hospital

1130 SW Maynard Road

Cary, NC 27513

Phone: (919) 467-6146 Fax: (919) 319-0197

www.mayfairvet.com

Please take a few moments to fill out this brief information form so that our doctors can better evaluate your pet. Thank you!

1. What is the reason for your pet's visit today?
2. Please PRINT your name and contact phone number for today.
3. Please elaborate on any symptoms below that your pet is exhibiting.

Symptom	Please Circle One			How often?	1 st noticed & duration of symptoms
	Normal	Increased	Decreased		
Appetite	Normal	Increased	Decreased		
Water Intake	Normal	Increased	Decreased		
Urination	Normal	Increased	Decreased		
Straining to pass stool or urine	Yes		No		
Vomiting	Yes		No		
Diarrhea	Yes		No		
Coughing	Yes		No		
Sneezing	Yes		No		
Shaking head/Scratching at ears	Yes		No		
New lumps, bumps, scabs, sores	Yes		No		
Lethargic	Yes		No		
Limping	Yes		No		
Other					

4. Do you give your pet monthly heartworm prevention? Yes No
If so, have you missed any doses? _____
Which product do you use?

Interceptor Sentinel (HW & fleas) Heartgard Other _____

5. Do you keep your pet on monthly flea and tick prevention? Yes No
If so, when was the last application done? _____
Which product do you use?

Frontline Advantix Advantage Other _____

6. What is your pet's diet (type, brand, daily amount)?

7. Is your pet on any other medications (please list names and doses)?

8. Please elaborate on symptoms or list any other details that the doctor should know about your pet.