

# Pine Street Animal Clinic

## History form-COVID-19

Today's Date: \_\_\_\_\_ Appt time: \_\_\_\_\_ Parking slot #: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Contact phone #: \_\_\_\_\_  
Make/Model of vehicle: \_\_\_\_\_ Color of vehicle: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_ Species: Dog  Cat  Other \_\_\_\_\_  
Is your pet on Heartworm Prevention? \_\_\_\_\_ If yes, which product: \_\_\_\_\_  
Is your pet on flea/tick prevention? \_\_\_\_\_ If yes, which product: \_\_\_\_\_  
Typical diet \_\_\_\_\_

Please check the box beside any **symptoms** your pet has been showing:

Coughing

Productive

Non-productive

Sneezing

Vomiting

Frequency \_\_\_\_\_

Food

Water

Bile

Recent diet change

New treats

Table food

Got in trash

Diarrhea

Frequency \_\_\_\_\_

Recent diet change

New treats

Table food

Got in trash

### Ears

Left  Right  Both

Scratching

Odor

Discharge

Shaking head

Hair loss

Area(s) of body \_\_\_\_\_

Sores

Limping

LF  LR

RF  RR

Lethargy

Mass-location \_\_\_\_\_

### EYES

Left  Right  Both

Squinting

Tearing

Discharge-green or yellow

Light sensitive

### URINE

Blood in urine

Frequent urination

Odor to urine

Change in appetite

increased  decreased

Change in water consumption

increased  decreased

Other symptoms not listed \_\_\_\_\_

If this is a recheck, has there been improvement? \_\_\_\_\_