



*Please fill out with as much detail as possible

BAYVIEW MALL
VETERINARY CLINIC

Pet's Name:	*PHONE NUMBER:
Health Concerns? Please describe.	1) 2) 3)
How is your pet's appetite and drinking?	Appetite: Drinking:
How is your pet's bowel movement and urination?	Bowel Movement: Urination:
Any coughing, sneezing, vomiting or diarrhea? If yes, when did it start? Is it ongoing?	
What is your pet's activity? Please describe. For dogs, how many walks in a day?	
What is BRAND NAME of the pet food and treats you feed? AMOUNT fed in a day?	Brand Name: Amount: Treats:
Is your pet on any medication or vitamins/supplements?	Medication: Vitamins/Supplements: