**HEALTH CONCERN FORM**

**When you arrive,** call and let us know you are here for your appointment. Please let us know at that time whether you would prefer to wait in your vehicle or come in the building during your appointment. Only one pet owner may come in the building for an appointment, with the exception of end-of-life care. One of our team members will come out and bring you and/or your pet into the building when a doctor is ready to see your pet. Please make sure you are wearing a mask during any face to face interactions with others and for the whole time you are in the building. Please stay on site the entire time your pet is in our care, and remain in your vehicle for a curbside appointment. Also please make sure that your phone is on and in working order at the time of your appointment.

**If you are a new client to our clinic or if this is a new pet of yours coming to our clinic for the first time;** please fill out a new patient form and email or fax all prior medical records and vaccination records to the clinic prior to your appointment. Our email address for this purpose is [bcahdvm@gmail.com](mailto:bcahdvm@gmail.com) and our fax number is 612-822-2791

**Covid Protocol:**

**Please arrive approximately 15 minutes prior to the appointment.**

**Call 612-822-2149 upon arrival. After 8/1/21 you may send us a text message to let us know you have arrived**

**Please** note that we are routinely experiencing higher than normal call volumes and you may be placed on hold. As we are accommodating more sick pets, we thank you in advance for your patience and understanding. When you arrive and call, if you are asked if you can be put on hold, please let us know you are here for an appointment and when it is scheduled for.

***We ask that you remain in your vehicle until we come to get you and/or your pet, wear a mask during any and all face to face interactions, be reachable by phone, and stay on site at the hospital the entire time your pet is in our care .***

**Client information:**

Client Name:

Pet’s Name:

What is the best available phone number to reach you in your vehicle?:

Make and color of your vehicle:

Would you prefer curbside or in-person service?:

Date of appointment:

Date form completed:

**SPECIFIC HEALTH CONCERN FORM**

**Reason for your visit:**

**Check the boxes for all medical issues that are pertinent to this patient. Add your specific details below in the duration, cause and other sections.**

* **Skin:**
* Itchy
* Redness
* Hair Loss
* Lumps/Bumps
* Sores?

Location(s):

Duration of problem:

Known Cause:

Does your pet have any known allergies or irritants that you are aware of?

Other - Describe:

* **Lameness:**
* Which leg/legs?
* Right front
* Left front
* Right rear
* Left rear

Any location on the limb specifically? Describe:

* Completely holds the leg up
* Favors leg

Duration of problem:

Known Cause:

Other - Describe:

* **Urination:**

***With any urination issue it is highly recommended that you bring a urine sample from your pet. If you need a litter-box collection kit or other support / suggestions as to collection please call.***

* Urinating More
* Urinating less
* Painful / Straining to urinate.

*If you have a male cat who is straining to urinate and is unable to eliminate, seek emergency attention immediately!*

* Urine different / color / odor
* Bloody
* Clear
* Dark yellow, orange or rust color
* Abnormal odor

Duration of problem:

Frequency of urination:

Known Cause:

Other - Describe:

* **Gastrointestinal:**

***With any Gastrointestinal issue it is highly recommended that you bring along a fecal sample from your pet.***

* **Vomiting**
* Digested food
* Undigested food
* Other consumed

Describe:

Shape of vomit

* Round plop
* Tubular shaped
* Liquid
* Brown
* Yellow/Green
* Clear
* White Foam
* Blood
* Other - Describe:

Duration of problem:

Frequency of vomiting:

Known Cause - Did your pet get into anything that you are aware of?:

Other - Describe:

* **Diarrhea**
  + - * Soft
      * Liquid
      * Blood
      * Mucus
      * Other - Describe:

Duration of problem:

Frequency of diarrhea:

Known Cause - Did your pet get into anything that you are aware of?:

Other - Describe:

* **DIET**

What are you feeding your pet? (Brand, type, flavors):

How much and how often?

Is this a grain-free diet?

Is this a raw food diet?

Other:

* **Heart/Lungs:**
* Weakness
* Sneezing
* spray
* mucus
* Cough
* Dry
* Wet
* After exercise or excitement
* Upon waking up
* Muffled

Duration of problem:

Frequency of issue:

Known Cause:

Other - Describe:

* **Ears:**
* Right ear
* Left ear
* Both
* Itchy / Pain
* Odor
* Discharge

Color

* Brown/red
* Yellow/green
* Other

Duration of problem:

Frequency of issue:

Known Cause:

Does your pet have any known allergies or irritants that you are aware of?

Other - Describe:

* **Eyes:**
  + Right eye
  + Left eye
  + Both
  + Painful
  + Red
  + Squinting
  + Discharge

Discharge color::

Duration of problem:

Frequency of issue:

Known Cause:

Does your pet have any known allergies or irritants that you are aware of?

Other - Describe:

* **Neurological:**
  + Circling
  + Falling
  + Head tilt
  + Seizures
  + Other:

Duration of problem:

Frequency of issue:

Known Cause:

Other - Describe: :

**Please share any other concerns or symptoms you have for the Doctor below:**

Describe Symptoms:

* Has your pet been seen anywhere else for this condition**? *If so please get the location to email or fax records to us.***

Where & When:

Are there any other additional stressors possibly affecting their conditions?

*(i.e. - Moving, construction, new pet, significant schedule changes….)*

**---------------------------------------------------------------------------------------------------------------**

**While my pet is here I would like the following done, if possible. (Select all the apply):**

* Nail Trim
* Anal gland expression
* Fecal Parasite Exam
* Vaccinations - ***With some medical issues, we may not vaccinate at the time of this appointment.***
* Other

Please specify: