Animal Medical Center of Cumming, Inc.
PET HEALTH CHECKLIST

Name of Pet: _____ Date: _____
Is your pet on any medications or supplements?
_____
What brand of food does your pet eat? _____
If your pet is a cat: Inside Cat____ Outside Cat____
Do you have any other pets? Yes_____ No _____
If Yes, what kind? Cat____ Dog_____ Other_____

Have you ever seen Fleas on your pet? Yes____ No ____
Have you ever seen Ticks on your pet? Yes____ No ____

Check if your pet has exhibited any of the following symptoms:

- ❑ Reaction to Vaccines
- ❑ Behavior Problems
- ❑ Bleeding Gums/Bad Breath
- ❑ Blood in Stool or Urine
- ❑ Breathing Problems
- ❑ Broken Bones
- ❑ Car Sickness
- ❑ Chewing Skin Areas
- ❑ Constipation
- ❑ Coughing
- ❑ Depressed/Lethargic
- ❑ Diarrhea
- ❑ Difficulty climbing stairs/jumping
- ❑ Difficulty Hearing
- ❑ Disorientation
- ❑ Dry Heaving
- ❑ Eyes Bulging/Bloodshot
- ❑ Eyes Draining
- ❑ Gagging
- ❑ Hair Loss
- ❑ Hairballs
- ❑ History of Serious Illness
- ❑ Inappropriate Bathroom Habits
- ❑ Increase in Appetite
- ❑ Increase in Thirst/Urination
- ❑ Inflamed/Irritated Skin
- ❑ Lack of Appetite
- ❑ Limping
- ❑ Loss of Balance
- ❑ Odor from Ears
- ❑ Scooting
- ❑ Scratching
- ❑ Seizures
- ❑ Shaking Head
- ❑ Sneezing
- ❑ Thunderstorm Anxiety
- ❑ Vomiting
- ❑ Weakness
- ❑ Weight Gain or Loss
- ❑ Worms in Stool
- ❑ Is your pet the best in the world?

_____
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