



Eastland Companion Animal Hospital

1700 E. Empire St. Bloomington, IL

309-662-7387 (PETS)

Animal Profile

Animal Name _____

Owners Name _____

Type and Breed _____

Age Now _____ Date of Birth _____

Coloring/Markings _____

Microchip number _____

Reason for your visit today:

My pet is having no problems, I just need:

well visit/check up Vaccinations Consultation New pet visit

My pet is having the following trouble: Please read over **all** items and check **ANY** that apply at this time. A correct diagnosis depends on knowing ALL your pets' symptoms.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> not eating well or at all | <input type="checkbox"/> lethargic | <input type="checkbox"/> coughing | <input type="checkbox"/> throwing up |
| <input type="checkbox"/> diarrhea | <input type="checkbox"/> frequent urination | <input type="checkbox"/> straining to eliminate | <input type="checkbox"/> confusion |
| <input type="checkbox"/> trouble standing up | <input type="checkbox"/> falling over upon standing | <input type="checkbox"/> trouble walking | <input type="checkbox"/> won't walk on one leg |
| <input type="checkbox"/> shaking head/ears | <input type="checkbox"/> scratching at ears | <input type="checkbox"/> discharge from ears | <input type="checkbox"/> bad smell from ear(s) |
| <input type="checkbox"/> hair loss | <input type="checkbox"/> open sore(s) | <input type="checkbox"/> scratching at body | <input type="checkbox"/> itching |
| <input type="checkbox"/> bad breath | <input type="checkbox"/> trouble chewing | <input type="checkbox"/> pain when chewing | <input type="checkbox"/> pain when swallowing |
| <input type="checkbox"/> pain when eliminating | <input type="checkbox"/> lump found | <input type="checkbox"/> worms in stool found | <input type="checkbox"/> runny nose |
| <input type="checkbox"/> runny eyes | <input type="checkbox"/> bloodshot eyes | <input type="checkbox"/> other eye problem | <input type="checkbox"/> bad smell |
| <input type="checkbox"/> sleeping more than usual | <input type="checkbox"/> "just not acting right" | <input type="checkbox"/> change in behavior | <input type="checkbox"/> change in weight |
| Other: _____ | Other: _____ | Other: _____ | Other: _____ |

Thank you for choosing Eastland Animal Hospital/. If there is anything we can do to make your visit more successful, please let us know right away.

Signature

Date