



Grove Center Veterinary Hospital Veterinary House Calls

Lawrence Bender, DVM, LLC

We want to give your pet the best medical and wellness care possible.
For this purpose we ask that you fill out this form to assist us in helping you care for your pet companion.

Owner's Name: _____

Date: _____ Pet's Name: _____

Please check any of the following issues, which have been a cause of concern:

- _____ 1. Significant change in overall activity level -----increase/decrease
- _____ 2. Decreased alertness or awareness of surroundings
- _____ 3. Increased vocalization, restlessness at night
- _____ 4. Loss of house training/litter training
- _____ 5. Unexpected change in weight---loss/gain
- _____ 6. Lumps, bumps, growths
- _____ 7. Loss of fur, itching, scabs or flaking
- _____ 8. Bad breath, trouble chewing hard food
- _____ 9. Difficulty seeing or hearing
- _____ 10. Sneezing, coughing or gagging
- _____ 11. Weakness, tiring easily
- _____ 12. Trouble breathing, excessive panting
- _____ 13. Change in appetite ----increase/decrease
- _____ 14. Vomiting and/or diarrhea (especially lasting 2 or more days)
- _____ 15. Increased/decreased drinking and/or urination
- _____ 16. Straining to pass urine or stool
- _____ 17. Limping, stiffness, walking or rising slowly
- _____ 18. Uncoordination, collapsing or seizures
- _____ 19. Aggressiveness or other changes in behavior
- _____ 20. Other concerns??