



PRELIMINARY REPORT FORM

First name and last name: _____

Animal species: _____ **Pets name:** _____

Current body weight: _____

Please use for your dogs the scale in the waiting room. Cats and small pets will be weighed during the appointment.

Presenting complaint: _____

in keywords please

Medical history / allergies / intolerances: _____

Current medication with dosage: _____

When did you dispense the **last deworming?** _____

When was the last treatment against **ticks and fleas?** _____

When was the **last vaccination?** _____

If the vaccination passport is not available

Current feeding: _____

product and amount

Is your pet friendly with veterinarians? Yes No

Appetite: normal more less

Urin output: normal more less

Defecation: normal more less

Dogs: Family dog Sport dog Rescue dog Guard dog Hunting dog Protection dog

Cats: Outdoor cat Indoor cat