

Mayfair Animal Hospital
1130 SW Maynard Road
Cary, NC 27513
Phone: (919) 467-6146 Fax: (919) 319-0197
www.mayfairvet.com

Please take a few moments to fill out this brief information form so that our doctors can better evaluate your pet. Thank you!

1. What is the reason for your pet's visit today?

2. Please PRINT your name and contact phone number for today.

3. Please elaborate on any symptoms below that your pet is exhibiting.

Symptom	Please Circle		How often?	1 st noticed & duration of symptoms
Appetite Increased or Decreased	Yes	No		
Water Intake Increased or Decreased	Yes	No		
Urination Increased or Decreased	Yes	No		
Straining to pass stool or urine	Yes	No		
Vomiting	Yes	No		
Diarrhea	Yes	No		
Coughing	Yes	No		
Sneezing	Yes	No		
Shaking head/Scratching at ears	Yes	No		
New lumps, bumps, scabs, sores	Yes	No		
Lethargic	Yes	No		
Limping	Yes	No		
Other _____				

4. Do you give your pet monthly heartworm prevention? Yes No
 If so, have you missed any doses? _____
 Which product do you use?

Interceptor Sentinel Heartgard Other _____

5. Do you keep your pet on monthly flea and tick prevention? Yes No
 If so, when was the last application done? _____
 Which product do you use?

Frontline Advantix Sentinel (fleas only) Other _____

6. What is your pet's diet (type, brand, daily amount)?

7. Is your pet on any other medications (please list names and doses)?

8. Please elaborate on symptoms or list any other details that the doctor should know about your pet.