



**GUILFORD VETERINARY HOSPITAL, LLP**

81 Saw Mill Rd ~ Guilford, CT 06437  
Phone: 203-453-2707 Fax: 203-453-2709  
www.guilfordvet.com

Owner: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Reason for visit:

\_\_\_\_\_  
\_\_\_\_\_

Is your pet eating normally? Please circle: Yes No

If not, describe: \_\_\_\_\_

When was the last time your pet ate? \_\_\_\_\_

Is your pet drinking normally? Please circle: Yes No

If not, describe: \_\_\_\_\_

Has your pet's energy level changed? Please circle: Yes No

Describe: \_\_\_\_\_

Has there been any: (Please circle) vomiting diarrhea coughing sneezing

If yes: Duration: \_\_\_\_\_

Description: \_\_\_\_\_

Any changes in your pet's urine output or appearance? Please circle: Yes No

If yes, describe: \_\_\_\_\_

Does your pet go outdoors? Please circle: Yes No Supervised Unsupervised

Has your pet been boarded or groomed recently? Please circle: Yes No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Have there been any diet changes or changes in environment? Please circle: Yes No

If yes, describe: \_\_\_\_\_

Is your pet on any medications (include over the counter drugs ex: benadryl, glucosamine)?

Please list all medications and when last given: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any additional comments you would like to tell the Doctor? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_