

**Tender Paws Animal Hospital**  
**4235 N. Frazier**  
**Conroe, TX 77303**  
**tenderpaws@suddenlinkmail.com**

**Sick Patient Form**

Name:		Pet Name:	
Address:		Age:	
		Color	
Phone:		Breed	
Date:		Sex	

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**Client Concern/Presenting Concern:**

**History:**

When was the problem first noticed?  
Previous treatments:

**Problems:**

☐ **Vomiting**

Frequency: ☐ More than once /day    ☐ Once/day    ☐ \_\_\_\_ times/wk  
How soon after eating:  
Contents:

☐ **Diarrhea**

Frequency: ☐ More than once /day    ☐ Once/day    ☐ \_\_\_\_ times/wk  
How soon after eating:  
Contents:

☐ **Coughing**

☐ **Scratching/ licking/ hair loss**

Locations: ☐ Ventral    ☐ Feet    ☐ Face, nose, mouth    ☐ Dorsal    ☐ Inguinal  
☐ Hyperemic    ☐ Keratitis  
Hair Loss: ☐ Mild    ☐ Moderate    ☐ Severe

☐ **Appetite/Drinking**

☐ **Abnormal Urination Habits**

☐ **Activity level**

☐ Normal for age    ☐ Decreased    ☐ Hyperactive

☐ **Soreness/limping**

☐ L Front    ☐ R Front    ☐ L Rear    ☐ R Rear

☐ **Current Diet:**

☐ Premium Diet    ☐ Hills    ☐ Iams    ☐ Other

☐ **Medications:**

**Additional Comments:**

Please email completed form to tenderpaws@suddenlinkmail.com