COTTAGE VET CLINIC

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PRIVATE AND CONFIDENTIAL

Patient Visit Form

Patient Name	Stylo			
Chip Number	941 0000 250 404 39.			
Reason for Visit	Dental cleaning			
How long has the problem been present	2 weeks			
Please choose one of the following				
Activity/alertness	Normal ✓	Decreased	Not moving	
Eating (appetite)	Normal ✓	Increase	Decreased	Not at all
Drinking	Normal ✓	Increase	Decrease	Not at all
Vomiting	Yes	No ✓		
Diarrhea	Yes	No ✓		
Coughing	Yes	No ✓		
Limping ✗	Right front	Left Front	Right hind	Left hind
Any other symptoms noticed Procedures required				
Doctor's findings	Dental scale and Polish. Multiple extrations. See dental chart.			
Advise, medication dispensed, or procedures performed				