

**Client information**

Name: \_\_\_\_\_ Date: mm/dd/yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Patient information**

Name: \_\_\_\_\_ Sex: ☐ male ☐ female Neutered/Spayed: ☐ yes ☐ no

Age (if unknown, write best estimate): \_\_\_\_\_ ☐ months ☐ years.

Breed: ☐ Pure indicate breed: \_\_\_\_\_

☐ Mix breed if known, please indicate breeds: \_\_\_\_\_

☐ Unknown

Hair coat: ☐ Long haired ☐ Medium haired (>1 inch) ☐ Short haired (<1 inch)

Body weight: \_\_\_\_\_ lb

Current home location: ☐ Urban ☐ Suburban ☐ Rural

Lifestyle **in the last 12 months**: ☐ Indoor mostly

(Mark the best applicable) ☐ Outdoor mostly

☐ Indoor and outdoor

Outdoor access **in the last 12 months**: ☐ Yards and surrounding streets

☐ Outdoor recreational areas and parks

(Mark ANY applicable) ☐ Limited / supervised access to rural areas or woods

☐ Hunting or hiking in the woods

☐ Free roaming in rural areas or woods

Have you observed tick(s) or flea(s) on your dog **in the last 12 months**? ☐ yes ☐ no

If yes, mark best option: ☐ only ticks

☐ only fleas

☐ both

If ticks were observed (even if few ticks were seen each time), indicate how frequently it has occurred **in the last 12 months**:

☐ Only 1 time

☐ 2 to 3 times

☐ 4 to 5 times

(Mark the best applicable) ☐ Every other month or every month

☐ I don't know

If ticks were observed **in the last 12 months**, how many ticks did you detect at the same time in the **last** infestation?

☐ 1 to 5 ticks

(Mark the best applicable) ☐ > 5 ticks

☐ Too many to be counted

☐ I don't know

Mark best option about frequency of flea and/or tick prevention in your dog **in the last 12 months**:

- ☐ Used monthly year around.  
☐ Used only during tick season, BEFORE ticks/fleas are present.  
(Mark the best applicable) ☐ Used only when ticks/fleas are ALREADY present.  
☐ Used irregularly, when we remember  
☐ Not used in the last 12 months

If used, please indicate brand and last time used: \_\_\_\_\_

Are there other dog(s) in the household: ☐ yes ☐ no      If yes, how many? \_\_\_\_\_

Are there cat(s) in the household: ☐ yes ☐ no      If yes, how many? \_\_\_\_\_

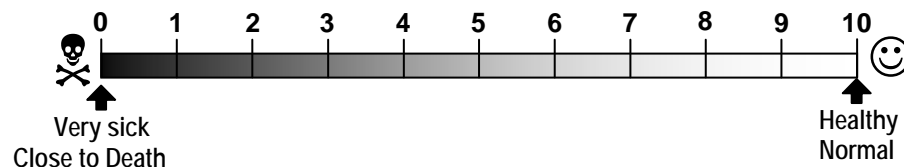
Did your dog travel out of the state **in the last 12 months**? ☐ yes ☐ no.

If yes, complete table below:

Date	Local (city/state/country)	Duration of stay	Did you detect fleas/ticks on your dog <b><u>during or right after</u></b> the trip?
mm/yyyy			<input type="checkbox"/> No <input type="checkbox"/> Ticks <input type="checkbox"/> Fleas <input type="checkbox"/> I don't know
mm/yyyy			<input type="checkbox"/> No <input type="checkbox"/> Ticks <input type="checkbox"/> Fleas <input type="checkbox"/> I don't know
mm/yyyy			<input type="checkbox"/> No <input type="checkbox"/> Ticks <input type="checkbox"/> Fleas <input type="checkbox"/> I don't know

### ***Disease characteristics***

Mark below on the scale **the current level of your dog's health status**, in your opinion. Consider "10" if your dog is not sick and "0" if your dog's health is bad as possible. You can circle the number or draw an arrow at any level, not necessarily on the numbers.



If sick, the illness duration is approximately \_\_\_\_\_ day(s) \_\_\_\_\_ month(s) \_\_\_\_\_ year(s)

In the last 2 weeks, have you or another person observed any of the following signs in your dog?

(Mark multiple boxes if needed)

- |   |  |
|---|--|
| <input type="checkbox"/> Apathy/Lethargy  | <input type="checkbox"/> Red eyes            |
| <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Skin rash           |
| <input type="checkbox"/> Vomiting         | <input type="checkbox"/> Skin bruising       |
| <input type="checkbox"/> Diarrhea         | <input type="checkbox"/> Gum bleeding        |
| <input type="checkbox"/> Nasal bleeding   | <input type="checkbox"/> Black/bloody stools |

In the last 2 weeks, have you or another person observed your dog with difficulty walking or moving? ☐ yes

☐ no.

If yes, check any related sign below: *(Mark multiple boxes if needed)*

☐ Reluctance to move

☐ Painful joints

☐ Stiffness

☐ Swollen joints

☐ Unsteady gait

☐ Reluctance/pain to move head or neck

☐ Limping

Other: \_\_\_\_\_

In the last 2 weeks, have you or another person observed your dog having seizures? ☐ yes

☐ no.

If yes, please indicate the number of episodes: \_\_\_\_\_ per ☐ day or ☐ week

In the last 2 weeks, have you/another person observed any other signs of mental impairment in your dog? ☐ yes

☐ no.

If yes, check any related sign below: *(Mark multiple boxes if needed)*

☐ Depression

☐ Walking in circles

☐ Aggression

☐ Compulsiveness

☐ Head tilt

☐ Doesn't recognize people or animals

☐ Vision loss

☐ Chasing imaginary insects or objects

☐ Hearing loss

Other: \_\_\_\_\_

☐ Mental confusion

\_\_\_\_\_

If your chief complaint is not listed above, please describe it: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog had any disease **in the last 12 months** transmitted by ticks or fleas?

☐ yes

☐ no

☐ I don't know.

If yes, state disease(s) if possible: \_\_\_\_\_

Please, list any other drug your dog is receiving currently. If medicine name is not available, refer the medical use (antibiotic, anti-allergic, hormone, anti-convulsive, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Client printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

### ***Veterinarian information***

Name: \_\_\_\_\_ Name of practice: \_\_\_\_\_

### ***Patient information at the time of clinical examination***

Body score from 1 to 9 (1 too thin and 9 too heavy): \_\_\_\_\_ Body temperature: \_\_\_\_\_ °F

Ticks or fleas at the time of presentation: ☐ only ticks ☐ only fleas  
☐ ticks and fleas ☐ none

If ticks were detected, indicate the level of infestation in your opinion:

☐ Low (1 to 5 ticks) ☐ Moderate (>5 ticks) ☐ Severe (uncountable)

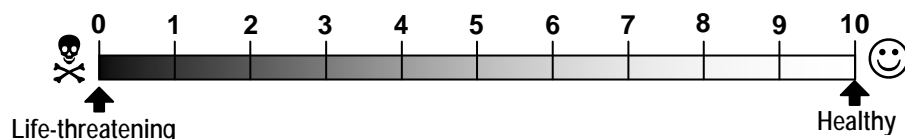
### ***Clinical examination remarks***

Check **clinical abnormalities** identified during examination:

☐ Anorexia ☐ Vomiting ☐ Diarrhea  
☐ Bleeding (petechiae, etc.) ☐ Joint pain ☐ Neurological signs  
☐ Lameness ☐ Neck pain ☐ Uveitis/Choroiditis

Others: \_\_\_\_\_  
\_\_\_\_\_

Mark below on the scale the **degree of clinical severity of the patient** at the time of the presentation. You can circle the number or draw an arrow at any level, not necessarily on the numbers.



### ***Concomitant diseases***

Please list below any concomitant abnormality or disease **associated or not** associated with the current illness: \_\_\_\_\_

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

### ***Previous medical history***

Please mark any previous **vector-borne disease** that has been previously **diagnosed or suspected** in your patient that needed specific treatment. If the same disease has occurred multiple times, refer only the last event:

Disease diagnosed (for coinfections, mark multiple options)	Diagnose date of the last event	Specific treatment (Antibiotics / Duration)	% of recovery with treatment
<input type="checkbox"/> Lyme disease			
<input type="checkbox"/> Anaplasmosis			
<input type="checkbox"/> Ehrlichiosis			
<input type="checkbox"/> Babesiosis			
<input type="checkbox"/> Bartonellosis			
<input type="checkbox"/> Rocky Mountain Spotted Fever			
<input type="checkbox"/> Mycoplasmosis (former Haemobartonellosis)			
<input type="checkbox"/> Not listed above. Indicate: _____			
<input type="checkbox"/> With no diagnosis, but treated symptomatically			

**➔ Please, attach any laboratory test results (blood work, urinalysis, Combs' test, etc.) for this visit.**

Thank you for your collaboration!

Date: \_\_\_\_\_  
mm/dd/yyyy

Veterinarian's signature: \_\_\_\_\_