

# Lombard Animal Hospital

Dr. Preston Turano & Dr. Nell Ostermeier  
\*607 NE LOMBARD STREET, PORTLAND, OR 97211 \* 503.285.2337\*  
RECHECK/PROGRESS EXAMINATION FORM

Date: \_\_\_\_\_ Current Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Owner/Guardian Name: \_\_\_\_\_

Condition to be Assessed Today: \_\_\_\_\_

In my opinion, since our last visit, my pet's condition is?

Improved\_\_\_ The Same\_\_\_ Worse\_\_\_ Explain: \_\_\_\_\_

Are you currently administering medications or treatment for the condition? Yes\_\_\_ No\_\_\_

During the treatment period, did you miss any doses? Yes\_\_\_ No\_\_\_

Do you have other concerns regarding your pet today? Yes\_\_\_ No\_\_\_

Explain: \_\_\_\_\_

**My pet is currently taking one or more of the following: any medications, supplements, over-the-counter products, flea and tick prevention, heartworm prevention, or internal parasite prevention. Yes \_\_\_\_\_ No \_\_\_\_\_**

**\*\*If yes, please list on the "Current Medications and Diet Form."**

## Patient's Current Condition

Appetite: Normal\_\_\_ Increased\_\_\_ Decreased\_\_\_ \*Last time pet ate: \_\_\_\_\_

Water Intake: Normal\_\_\_ Increased\_\_\_ Decreased\_\_\_

Vomiting: Yes\_\_\_ No\_\_\_ Diarrhea or abnormal stool: Yes\_\_\_ No\_\_\_

Urination: Normal\_\_\_ Increased\_\_\_ Decreased\_\_\_ Other: \_\_\_\_\_

Coughing: Yes\_\_\_ No\_\_\_ If yes, how often: \_\_\_\_\_

Sneezing: Yes\_\_\_ No\_\_\_ If yes, how often: \_\_\_\_\_

Pet's Energy Level: Normal\_\_\_ Increased\_\_\_ Decreased\_\_\_

Perceived Pain Level: 0\_\_\_ 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_ (5 equals unbearable pain)

Other unusual symptoms or behavior: \_\_\_\_\_

Anything else we should know about your pet or his/her environment? \_\_\_\_\_

Owner/Guardian Signature \_\_\_\_\_

**Our mission is to provide a pawstitive experience for you and your pets.  
Thank you for this opportunity -- The Lombard Team**