

**All Pets Emergency & Referral Center, P.C.**

---

**Immune Mediated Disease Progress Form**

**Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Patient Name**

**Species**

**Breed**

**Sex**

---

**General status at home**

**Attitude:**                      Excellent      Good      Average      Poor      Depressed

**Activity:**                      Excellent      Good      Average      Poor      Inactive

**Appetite:**                      Excellent      Good      Average      Poor      Not eating

**Urination:**                      Increased      Normal      Decreased      Unknown

**Bowel movements**

**Number**                      Increased      Normal      Decreased

**Quality**                      Normal      Soft      Pasty      Liquidy  
Combination \_\_\_\_\_

**Color**                      Brown      Black      Red      Maroon      Gray      Orange      Green      Unknown

**Effort:**                      Normal      Straining      Other (describe) \_\_\_\_\_

**Vomiting:**                      Not present                      Present (Describe frequency and appearance)  
\_\_\_\_\_

Has he/she had any irregularity, change or problems not mentioned above since the last visit that we should know about?    Yes    No

\_\_\_\_\_

\_\_\_\_\_

Do you need any medications? Yes    No

Chlorambucil    Cyclosporine    Cyclophosphamide    Prednisone    Leflunomide    Famotidine    Omeprazole

Overall opinion of status since last visit?

Excellent    Above Average    Good    Poor    Very poor

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Best number to reach you TODAY: \_\_\_\_\_