PATIENT QUESTIONNAIRE:

***Phone number we can use to contact you DURING your appointment*: _____**

Is your pet Spayed or Neutered? YES / NO if no: Approx. date of last heat cycle: _____

Do you plan to breed? YES / NO

Is your pet taking Heartworm prevention: YES / NO

If yes: Approx. date of last pill: _____

Do you want a refill today? YES / NO

If yes: How many doses would you like us to send home today? _____

Is your pet taking flea prevention? YES / NO If yes: Approx. date of last pill/application: _____

Do you want a refill today? YES / NO If yes: How many doses would you like? _____

What Diet is your pet on? _____ Is this diet grain free? YES / NO

How much & how often do you feed your pet? _____ Table Scraps? YES / NO

Food Intolerances? Yes / No

Please circle one or all that apply:

Appetite:	Normal	Increased	Decreased			
Water Consumption:	Normal	Increased	Decreased			
Bowel Movements:	Normal	Soft Formed	Diarrhea			
Urination:	Normal	Increased	Decreased	Blood	Straining	
Vomiting:	No	Yes	How often? _____	Food / Liquid / Blood		
Coughing:	No	Yes	How often? _____			
Sneezing:	No	Yes	How often? _____			
Itching:	No	Yes	Where? _____	How often? _____		
Hair Loss:	No	Yes	Patchy / All Over / Excessive Shedding			
Scooting:	No	Yes				
Lumps or Bumps:	No	Yes	Where? _____			
Bad Breath:	No	Yes	Grade (1 to 5: 1= okay, 5 = the worst): _____			
Lameness:	No	Yes	Which Leg:	Front Leg :	Right / Left	How long: _____
				Back Leg:	Right / Left	How Long: _____
General Stiffness:	No	Yes				
Behavioral Changes:	No	Yes	Describe: _____			

List all medications including supplements, herbal remedies and OTC products your pet is taking: _____

_____

_____

List any drug/medication allergies your pet has_____