

Office Use Only:

DATE: _____ CLIENT # _____ PATIENT NAME: _____ DVM: _____

Answer the below questionnaire about your pet prior to your appointment. Email or bring to the scheduled appointment.

Client Answers:

1) Have you, the Owner, had any recent coughing, fever, trouble breathing?

2) Reason for visit? *Place an "X" on one of the below options for your pet's visit*

- Wellness (reschedule/hold off unless important due dates (i.e. puppy vax, etc)
- Sick

3) Additional Questions:

- Any vomit/cough/diarrhea/sneezing? Yes: No: If yes: explain (freq, time of onset, etc):

- Any change in thirst/urination? Yes: No: If yes: Explain (freq, time of onset, etc):

- Any itchiness? Yes: No: If yes: explain (freq, time of onset, location, etc):

- Any changes in appetite? Yes: No: If yes: explain (freq, time of onset, etc):

- Any changes in energy level? Yes: No: If yes: explain (freq, time of onset, etc):

- Any additional concerns/problems not addressed above? Yes: No: If yes: explain (freq, time of onset, etc):

4) Medications (including flea/tick/HW, shampoo, ointment, supplements, etc.) - Include strength and frequency

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b) Do you need any refills today: If yes, please list:

5) Diet: Brand/amount/frequency: