

Office Use Only:

DATE: \_\_\_\_\_ CLIENT # \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_ DVM: \_\_\_\_\_

***Answer below questionnaire and email/bring to your pet's appointment. Owners are expected to wait outside until their pet's appointment is completed. Leaving your pet at the hospital during their appointment will constitute a \$25 fee for drop off.***

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**Client Answers:**

- 1) Have you, the **Owner**, had any recent coughing, fever, trouble breathing?
- 2) Are you, the **Owner**, or **anybody in your household** under quarantined?
- 3) Are you awaiting COVID19 test results?
- 4) Who is bringing your pet to their appointment?
- 5) Best phone number to call during appointment (even if you think we have it)?

**Pet Answers:**

**1) 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/Acting off/GI Issues/Foxtails

**2) 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 (ex: limping, growths)? Yes: No: If yes: explain (freq, time of onset, etc):

**3) 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:

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**4) Diet:** Brand/amount/frequency: