



Unwell/Medical Exam Questionnaire

Client's Name: Pet's Name:

Phone: Canine/Feline: Age:

Email: Male/Female: Spayed/Neutered:

Date:

Reason for Appointment:

Please describe the SYMPTOMS your pet is experiencing.

How is your pet's APPETITE, any CHANGES IN DIET, or has your pet eaten something out of the ordinary?

Have you noticed any VOMITING or DIARRHEA? If so, for how long?

Is your pet's URINATION and WATER intake normal? If not, please describe.

Any other special considerations?

Please list all current medications, supplements, and preventatives including dosage and the last time given.

Office Use Only: