



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, including the DURATION of symptoms.

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.

List current MEDICATIONS, SUPPLEMENTS, and PREVENTATIVES, including dosages and last time given.

Do you need refills?

Are your pet's VACCINATIONS current?

Any other special considerations?

Office Use Only: