

Appointment Questionnaire

Client Name: _____ Patient Name: _____

Date: _____

Reason for today's visit?

Is your pet eating and drinking normally? Yes: ___ No: ___

If you answered no to the previous question, please provide a brief description:

Is your pet urinating normally and having a normal, regular bowel movement? Yes: ___

No: ___

If you answered no to the previous question, please provide a brief description:

Any vomiting? Yes: ___ No: ___

If you answered no to the previous question, please provide a brief description:

Any Behavioral changes? Yes: ___ No: ___

If you answered no to the previous question, please provide a brief description:

Please list any medications and dosages your pet is currently taking, including nutritional supplements:

What flea and heartworm preventative is your pet currently taking?

When was the last dose (Date)?

What food does your pet eat?

How much does your pet eat?

Does your pet eat any other foods or treats?

Does your pet travel, go to dog parks, grooming facilities, or boarding? Yes: ___ No: ___

Does your pet live near water, wild life, or livestock?

Yes: ___ No: ___

If you answered yes to the previous question, please provide a brief description:

Does your pet have allergies or reactions to any food, insects, medications or vaccines?

Yes: ___ No: ___

If you answered yes to the previous question, please provide a brief description:

Please list any information you would like your veterinarian to address during today's visit.

Please list any other services you would like your pet to receive during today's visit.

At which number would you like the veterinarian or the veterinary technician to call concerning today's visit?