



Booster Exam Questionnaire

Client's Name: Pet's Name:
Phone: Email:
Date:

Reason for Appointment:

Did your pet experience any soreness, nausea, diarrhea, vomiting, or swelling after their last vaccine?

How is your pet's APPETITE? What is their current DIET? Please list the brand and any recent changes.

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

Do you need refills?

Does your pet go to DAYCARE/BOARDING? If so, where?

Any other special considerations?

Office Use Only: