Canine Medical Questionnaire

- Has your pet been eating normally? Yes □ No □
 - What diet is your pet currently fed?
 - How much is fed at each meal (ex: ¹/₂ cup):
 - How often are they fed:
 - Once daily \Box
 - Twice daily □
 - Three times daily \Box
 - Other 🗆
- Has your pet experienced any of the following symptoms:
 - Vomiting? Yes □ No □
 - If yes:
 - What is produced when patient vomits (ex: hair, bile, food)?:

- When was the last time patient vomited?
- What is the frequency of episodes?______
- Diarrhea? Yes □ No □
 - If yes:
 - When was diarrhea first noted?______
 - Is blood present in stool?
- Sneezing? Yes □ No □
 - If yes:
 - How often:
- Coughing? Yes □ No □
 - If yes:
 - How often:
- Has your pet been urinating normally? Yes □ No □
- Is your pet currently on a monthly heartworm preventative? Yes \Box No \Box
- Is your pet currently on a year round flea and tick preventative? Yes \Box No \Box

- Please list any medications or supplements your pet currently takes, please include frequency and strength:
- Do you have any other concerns or questions for today's visit? Yes □ No □
 - If yes, please list below so the doctor can discuss further during your pet's exam: