



Adult Wellness Exam Questionnaire

Client's Name: Pet's Name:

Phone: Email: Date:

Yes No

1. Has your pet been eating well?

2. What type of food does your pet eat? List the brand.

3. Is litterbox use or house training consistent?

4. Has your pet been having trouble with stiffness, a limp,
or getting up after lying down?

5. Does your pet have bad breath or trouble with his/her teeth?

6. Has there been any diarrhea or vomiting?

7. Has your pet's activity level changed?

8. Is your pet's weight going up or down?

Gaining: Losing: Losing, but on a weight loss diet:

9. Has your pet been drinking more water or urinating more lately?

10. Are there any lumps for us to check?

If yes, describe location.

11. Does your pet live Indoors Only: Indoors/Outdoors: Outdoors Only:

12. Are there any flea or tick problems?

What flea/tick preventative are you using for your pet?

13. Do you give heartworm preventative 12 months a year?

What heartworm preventative are you using for your pet?

14. Are you planning to travel (domestic [by plane] or international) with
your pet within the coming year?

15. Does your pet go to daycare/boarding? If yes, where

16. List current medications and supplements, including dosages and last time given. Do you need refills?

17. Is there anything else we should know about your pet's health?

Office Use Only: