

Pre-Appointment Questionnaire

Name: _____

Email: _____

Pet's Name: _____

Please select any symptoms your pets may be experiencing:

Coughing

Acute

Chronic

Dry

Moist

Blood Seen

None

Sneezing

Acute

Chronic

Blood Seen

None

Vomiting

Acute

Chronic

Blood Seen

Before Eating

After Eating

Not Associated With Eating

None

Diarrhea

Bloody

Tan Color

Watery

None

Lethargy

Yes

No

How many days? _____

Discharge from nose or ear

Yes

No

How many times cleaned daily? _____

Lameness

Yes

No

Which limb _____

Pain/Discomfort

Yes

No

Location _____

Swelling

Yes

No

Does your pet have any drug/food allergies?

Yes

No

List Drug/Food Allergies:

Is your pet currently on Heartworm Prevention?

Yes

No

List Type:

Is your pet currently on Flea and Tick prevention?

Yes

No

Name of Flea and Tick prevention: _____

Has your pet had any Bloodwork testing within the past year?

Yes

No

Where: _____

Is your pet currently being treated by a specialist for any health condition?

Yes

No

For what reason? _____

Is your pet on a prescription diet?

Yes

No

What type have you used? _____

Reason for your pets visit today: