

## Current Client/ Current Pet Health Questionnaire

1. Has your address, email, or phone number changed since your last visit? **Yes No**  
**If yes, please provide new information:** \_\_\_\_\_

2. Reason for today's visit: \_\_\_\_\_

3. How long has this problem been present? \_\_\_\_\_

4. Has your pet been given any over the counter medications? Which ones and how much?  
 \_\_\_\_\_

5. What type of food does your pet eat? \_\_\_\_\_  
 How much per meal? \_\_\_\_\_

**Please circle:**

6. Is your pet: **indoor outdoor both**

7. Is your pet currently on heartworm prevention? **Yes No**

8. Is a flea/tick control medication used? **Yes No**

If yes, which one? \_\_\_\_\_

9. Does your pet visit a groomer/dog park/kennel? **Yes No**

10. Has your pet shown any of the following symptoms?

Vomiting	<b>Yes</b>	<b>No</b>	Unusual discharge	<b>Yes</b>	<b>No</b>
Coughing/sneezing/gagging	<b>Yes</b>	<b>No</b>	Diarrhea or constipation	<b>Yes</b>	<b>No</b>
Shaking	<b>Yes</b>	<b>No</b>	Stiffness or pain	<b>Yes</b>	<b>No</b>
Scratching	<b>Yes</b>	<b>No</b>	Weakness or listlessness	<b>Yes</b>	<b>No</b>
Hair loss	<b>Yes</b>	<b>No</b>	Confusion or disorientation	<b>Yes</b>	<b>No</b>
Unusual lumps or bumps	<b>Yes</b>	<b>No</b>	Decrease responsiveness	<b>Yes</b>	<b>No</b>
Scotting	<b>Yes</b>	<b>No</b>	Excessive panting	<b>Yes</b>	<b>No</b>
Bad breath	<b>Yes</b>	<b>No</b>	Limping	<b>Yes</b>	<b>No</b>

11. Have any of the following changed?

	Same	Increase	Decreased
Water Intake			
Appetite			
Urination			
Bowel Movements			
Weight			
Activity Level			
Sleep Pattern			

12. Is there any other information you would like to add? \_\_\_\_\_