

Current Client/New Pet Medical Questionnaire

1. Has your address, email, or phone number changed since your last visit? **Yes No**
If yes, please provide new information: _____
2. Pet's Name _____ (**Canine or Feline**)
Breed: _____ Color: _____
Sex: **Male or Female** Spayed or Neutered? **Yes No**
Date of birth? _____
3. Are your pet's vaccinations up to date? **Yes No Unsure**
4. Is your pet allergic to any vaccinations? **Yes No**
If yes, which ones? _____
5. If your pet allergic to any foods or medications? **Yes No**
If yes, which ones? _____
6. Has your pet ever had a seizure? **Yes No**
7. Has your pet ever had any behavioral problems? **Yes No**
If yes, please explain: _____
8. What medications, if any are your pet receiving at this time? _____
9. Do you have any other pets? (Please list) _____
10. What type of food does your pet eat?

- How much per meal? _____
11. Reason for today's visit: _____
12. How long has this problem been present?

13. Is your pet getting any over the counter medications or supplements? Which ones and how much?

Please circle:

14. Is your pet: **indoor outdoor both**
15. Is your pet currently on a heartworm prevention? **Yes No**
If yes, which one? _____
16. Is a flea/tick control medication used? **Yes No**
If yes, which one? _____
17. Does your pet visit a groomer/dog park/kennel? **Yes No**

18. Has your pet shown any of the following symptoms:

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

19. Have any of the following changed?

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

20. Is there any other information you would like to add? _____

Please provide any medical history from previous hospitals with you on your first visit, this will help the doctor to determine the best vaccination and treatment plan for your pet. You may also have your previous hospital fax records directly to us at (301) 441-8956. We look forward to meeting your pet!