

Patient: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Age: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Today is:** \_\_\_\_\_

## Sick / Wellness Patient Questionnaire Form

**Reason for Visit:** \_\_\_\_\_

Circle One: Indoor / Outdoor / Both

Has your Pet had a heartworm pill in last 30 days? Yes No Type \_\_\_\_\_

Has your Pet had a flea / tick prevention in last 30 days? Yes No Type \_\_\_\_\_

Current Medications: \_\_\_\_\_

Appetite Normal? Yes No If NO, How Long? \_\_\_\_\_

Vomiting? Yes No If YES, How Long? \_\_\_\_\_

Diarrhea? Yes No If YES, How Long? \_\_\_\_\_

Drinking more than usual? Yes No If YES, How Long? \_\_\_\_\_

Drinking less than usual? Yes No If YES, How Long? \_\_\_\_\_

Any respiratory issues? Yes No  
( Circle ) Coughing Sneezing Gagging Nasal Discharge

Urinating? \_\_\_\_\_  
( Circle ) Normally More Frequently Less Frequently In inappropriate areas ex. On clothing

Circle if YES: Scratching? Shaking head? Pawing / Rubbing Ears? Chewing Feet? Licking Pads?

Limping? Yes No If YES, When did it start? \_\_\_\_\_ Which leg? \_\_\_\_\_

Does your pet ever seem stiff? Yes No

Any difficulty or hesitation coming up stairs? Yes No

Does your pet have bad breath? Yes No

Eyes Normal? Yes No If no, (circle) Tearing Squinting Discharge \_\_\_\_\_

Any lumps / bumps / tumors felt? If so, where: \_\_\_\_\_

Anything else we need to know? Explain: \_\_\_\_\_

### Section 2: Authorization to Perform Services Today

Y N Do you give us authorization to run and complete the necessary tests to evaluate your pet such as: Blood work, urinalysis, fecal, bloodwork, radiographs, etc?

(Initial) \_\_\_\_\_ **★★ If your pet has fleas or ticks, or needs pain medication, treatment will be prescribed and you will be charged upon pick-up. ★★**

### Section 3: Signature \_\_\_\_\_

Date: \_\_\_\_\_

Section 4: Phone Number I can be reached at today: 1) \_\_\_\_\_ 2) \_\_\_\_\_