Health Questionnaire

Client: _____ **Patient:** _____

Numbers where I can be reached: _____

Presenting Concern: _____

Does your pet experience . . . .

Difficulty climbing stairs	**yes** ☐	**no** ☐	Skin or hair coat changes	**yes** ☐	**no** ☐
Difficulty jumping up	**yes** ☐	**no** ☐	Lumps or bumps	**yes** ☐	**no** ☐
Increased stiffness or limping	**yes** ☐	**no** ☐	Excessive scratching	**yes** ☐	**no** ☐
Loss of housetraining	**yes** ☐	**no** ☐	Changes in sleep patterns	**yes** ☐	**no** ☐
Increased thirst	**yes** ☐	**no** ☐	Less enthusiastic greetings	**yes** ☐	**no** ☐
Increased urination	**yes** ☐	**no** ☐	Increased appetite	**yes** ☐	**no** ☐
Changes in activity level	**yes** ☐	**no** ☐	Decreased appetite	**yes** ☐	**no** ☐
Excessive panting	**yes** ☐	**no** ☐	Vomiting	**yes** ☐	**no** ☐
Other changes in breathing pattern	**yes** ☐	**no** ☐	Change in stools	**yes** ☐	**no** ☐
Coughing	**yes** ☐	**no** ☐	Problems defecating	**yes** ☐	**no** ☐
Circling or repetitive movements	**yes** ☐	**no** ☐	Weight loss	**yes** ☐	**no** ☐
Confusion or disorientation	**yes** ☐	**no** ☐	Weight gain	**yes** ☐	**no** ☐
Excessive vocalization	**yes** ☐	**no** ☐	Difficulty hearing	**yes** ☐	**no** ☐
Less interaction with family	**yes** ☐	**no** ☐	Vision problems	**yes** ☐	**no** ☐
Decreased responsiveness	**yes** ☐	**no** ☐	Bad breath	**yes** ☐	**no** ☐

Date of her last heat cycle: _____ Ear Cleanser: _____ Shampoo: _____

Other (**Please explain, please feel free to write any additional notes or information on a separate paper.**)

_____

Is this the first time this problem has occurred?   Yes   No, Last occurrence _____

How long has this problem been occurring:_____

Did it start suddenly or gradually over a period of time? _____

Did something specific occur that triggered this problem? Weather change? A fall? New treats? Table food? Etc._____

Have you treated your pet for this problem? _____ Has it helped?_____

What have you administered?_____

My pet is: Indoor Only   Indoor/Outdoor   Outdoor Only

Please let us know what **brands and quantities** of each food type your pet eats. If your pet does not eat one of these categories, write "NA".

Dry Food: _____

Canned Food: _____

Treats: _____

My pet never / occasionally / frequently eats people food. (Circle One).

People Food: _____

When was the last time your pet ate (food, treats, and people food included)?

Time: _____ Amount: _____

Is your pet on monthly flea prevention?　**yes** ☐　**no** ☐　if yes, which kind _____
Is your pet on monthly heartworm prevention?　**yes** ☐　**no** ☐　if yes, which kind _____
　　- Has your pet missed any doses?　**yes** ☐　**no** ☐　if yes, how many? _____

Medications my pet is taking. Please include all medications including drug name, strength, and frequency:
_____
_____
_____

Do you need any REFILLS on medications today?　**yes** ☐　**no** ☐　if yes, which medications:
_____
_____

Supplements my pet is taking. Please include all supplements including brand, name, strength, and frequency:
_____
_____
_____

Please describe your pets activity, exercise and frequency:
_____

Does your pet (circle all that apply): get tired easily, get winded,　get out of breath, limp

Please let us know ANYTHING else you think we should know about your pet. (**Please feel free to write any additional notes or information on a separate sheet of paper.**)

May we sedate/anesthetize you pet if necessary?	**YES**	**NO**	**Call First**
May we x-ray your pet if necessary (Cost $164+)	**YES**	**NO**	**Call First**
May we do bloodwork? (Cost $175+)	**YES**	**NO**	**Call First**
May we run urinalysis? (Cost $48.50)	**YES**	**NO**	**Call First**
May we run a fecal? (Cost $53)	**YES**	**NO**	**Call First**
May we perform a cytology (ear and skin)? (Cost $48	**YES**	**NO**	**Call First**
May we perform a corneal stain? (Cost $42)	**YES**	**NO**	**Call First**
Would you like a microchip placed (permanent identification)? (Cost $60) **YES**		**NO**	**Call First**
For dogs, may we run a Heartworm Test? (Cost $48)	**YES**	**NO**	**Call First**
Would you like a Genetic Breed & Health Analysis performed? (Cost $250 and takes test 4-6 weeks for results)	**YES**	**NO**	**Call First**
For cats, may we run a Leukemia & Aids Test? (Cost $56)	**YES**	**NO**	**Call First**

In addition to the above diagnostics, the maximum to spend if my pet needs additional care is $_____.

I understand my pet will be treated for fleas&/ or ticks at my expense if they are found. _____(Initial Here)
Signed by owner or agent: _____

PRINT NAME: _____　**DATE: _____**