Key City
Veterinary Clinic
318 E. S. 11th * Abilene, TX 79602
325-672-7801

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: _____

Other (**Please explain, please feel free to write any additional notes or information on the back of this form.**) →

_____

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 **<u>brands and quantities</u>** 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 the back of this form.**)

May we sedate/anesthetize you pet if necessary?	**YES**	**NO**	**Call First**
May we x-ray your pet if necessary (Cost $160+)	**YES**	**NO**	**Call First**
May we do bloodwork? (Cost $170+)	**YES**	**NO**	**Call First**
May we run urinalysis? (Cost $36.50)	**YES**	**NO**	**Call First**
May we run a fecal? (Cost $38.50)	**YES**	**NO**	**Call First**
May we perform a cytology (ear and skin)? (Cost $35)	**YES**	**NO**	**Call First**
For dogs, may we run a Heartworm Test? (Cost $39)	**YES**	**NO**	**Call First**
For cats, may we run a Leukemia & Aids Test? (Cost $49.50)	**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: _____