

## Healthy Pet Questionnaire

**Patient Information Label**

Doctor: \_\_\_\_\_

Tech: \_\_\_\_\_

1. What is the reason for your visit today? \_\_\_\_\_
2. Is your pet on any flea/heartworm prevention? If yes, what kind and when was it last applied?  
\_\_\_\_\_
3. Does your pet have any new lumps/bumps/growths? If yes, where? \_\_\_\_\_
4. Has your pet's appetite been normal? \_\_\_\_\_
5. What is your pet's current diet? (be specific) \_\_\_\_\_
6. On a 1-5 scale (1 being emaciated, 3 being ideal, 5 being obese) where do you feel your pet's body appearance/weight is? \_\_\_\_\_
7. What is your pet's water intake like? Has it changed recently? \_\_\_\_\_
8. Where is the primary location for elimination? \_\_\_\_\_
9. Have your pet's bowel movements been normal? \_\_\_\_\_
10. Where does he/she normally urinate? Has it been normal? \_\_\_\_\_
11. Does your pet ever eliminate in a location (s) where he/she has been sleeping? \_\_\_\_\_
12. Any coughing or sneezing? If yes, how often, and when does it occur? \_\_\_\_\_
13. Any vomiting? If yes, how often, and what does it look like? \_\_\_\_\_
14. Does pet seem to be experiencing any type of pain or discomfort? If yes, on a scale of 1-10, how severe?  
\_\_\_\_\_
15. Has pet's activity level been normal lately? \_\_\_\_\_
16. Does pet seem to have any trouble getting up or walking recently? \_\_\_\_\_
17. Is your pet kept indoors, outdoors, or both? \_\_\_\_\_
18. Does your pet have any known allergies? \_\_\_\_\_
19. Has your pet been away from its normal environment, or been around any new animals recently?  
\_\_\_\_\_
20. Has this pet had obedience training? Y/N    Class setting    Private Instructor    I trained my pet at home
21. Have you noticed any deficits in your pet's senses? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
22. Is your pet currently on any medications? If yes, please list: \_\_\_\_\_  
\_\_\_\_\_
23. Do you have any general concerns about pet? \_\_\_\_\_
24. When was your pet last vaccinated? \_\_\_\_\_