

Healthy Puppy/Kitten Questionnaire – First Visit

Patient Information Label

Doctor: _____

Tech: _____

1. What is the reason for your visit today? _____
2. Where did you get your pet from? (i.e. shelter/rescue, breeder, newspaper, etc.)

3. How long have you had your pet?

4. Has your pet had any vaccines or dewormings yet?

5. Where will your pet live primarily? (indoors or outdoors)

6. Where will pet be kept while you are not home?

7. Has there been any coughing or sneezing noticed? If yes, how often?

8. Has there been any discharge from the eyes or nose?

9. What is your pet's water intake and appetite like?

10. What diet are you feeding your puppy/kitten? (be specific, include any treats, rawhides/pig ears, or table food given) _____
11. 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? _____
12. How many times a day are you feeding your pet, and how much is given per feeding? _____
13. Has your pet been to any new environments or around any new animals recently?

14. Any diarrhea or loose stool? If yes, describe.

15. Any vomiting? If yes, describe what it looks like, and how often it occurs.

16. Has your pet been urinating normally? _____
17. What is your pet's activity level like? _____
18. Does your pet have any behavioral issues you'd like to address?

19. Is pet enrolled in any training classes or do you intend to enroll them in the future? _____
20. Has your pet been started on any flea or heartworm medications? If yes what kind, and when was it applied? _____
21. Does your pet have veterinary insurance? _____
22. Does your pet have any known allergies, or any previous medical issues? List:
