

Puppy/Kitten Questionnaire –Booster Vacc Visits

Patient Information Label

Doctor: _____

Tech: _____

1. What is the primary reason for your visit today? _____
2. Are there anything else you would like to address today? _____
3. If pet was vaccinated on the 1st visit, did he/she seem sore, lethargic, or listless? _____
 - a. If yes, did it last more than 24 hours? _____
4. Have there been any changes in activity level or behavior since the last visit?

5. Any changes in urination or defecation? _____
6. Any changes in appetite or diet? _____
7. Any changes in water intake? _____
8. Has potty training improved since the last visit? _____

9. If any behavioral issues were discussed during your first visit, have they improved at all?

10. Has any coughing or sneezing started since we saw him/her last? _____
11. Any new eye or nose discharge? _____
 - a. If yes, when did it start? _____
12. Are there any new issues that you would like to address?

