Pet Health and History Questionnaire

Pet’s name: ___________________________________ Owner: ____________________________________________

1. Is your pet currently taking any medications or supplements?   Yes*  □   No  □
   *If yes, please include the name with the strength/dosage and any other relevant information:______________________________

2. How long have you owned your pet:______________________________

3. Do you have any other pets at home?        Yes*  □   No  □
   *If yes, please list species and age of each:_________________________________________________________

4. Is your pet currently taking heartworm medication?           Yes*  □   No  □
   *If yes, please include the name of the medication and the date of their last negative heartworm test:______________________________

5. Is your pet currently on flea and/or tick prevention? Yes*  □   No  □
   *If yes, what kind and when was it last applied? _______________ ____________

6. Is your pet eating and drinking normally?  Yes  □   No  □

7. Please list the specific name(s) of the food that you are feeding (include dry kibble and canned foods):
   ________________________________ ________________________________
   __________________________________________________________________________

8. How much do you feed and how many times a day do you feed your pet? ________________________________
   __________________________________________________________________________

9. Are these specifically measured amounts? Yes  □   No  □

10. Do you feed people food? Yes*  □   No  □

   If yes, what people food do you feed your pet, how much and how often?______________________________

11. Does your pet receive treats?   Yes*  □   No  □

   If yes, what treats and how often? __________________________________________________________________________

12. Do you think your pet is:          Overweight □   Ideal weight □   Underweight □

13. For cats only, is your cat:    Indoor Only □   Indoor/Outdoor □   Outdoor Only □

14. Have you noticed any of the following? Please select all that are present in your pet.

   □ Coughing            □ Pain
   □ Vomiting            □ Behavioral Changes
   □ Lameness            □ Difficulty standing/jumping/playing
   □ Sneezing            □ Presence of fleas, ticks, or tapeworms
   □ Diarrhea            □ Changes in appetite
   □ Bad breath (doggie breath) □ Changes in water consumption