



Acct: _____ Date: _____

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.

- | | |
|---|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Behavioral Changes |
| <input type="checkbox"/> Lameness | <input type="checkbox"/> Difficulty standing/jumping/playing |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Presence of fleas, ticks, or tapeworms |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Changes in appetite |
| <input type="checkbox"/> Bad breath (doggie breath) | <input type="checkbox"/> Changes in water consumption |