



Exam Questionnaire for Admitted Pets

In order to assist the doctor in more accurately evaluating your pet, please take a few minutes to fill out the following information.

Owner's Name: _____

Pet's Name, Age, Sex, Species, Breed: _____

1. Briefly describe any concerns that you have with your pet:

2. Please check of any symptoms your pet is currently having:

- | | | | | |
|---------------------------------------|---|--------------------------------------|--|--|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Ear Issues | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Constipation | <input type="checkbox"/> Limping |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Dental issues | <input type="checkbox"/> Weight Gain | <input type="checkbox"/> Increased Urination | <input type="checkbox"/> Lumps/Bumps |
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Decreased Activity | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Eye Concerns | <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Lameness | <input type="checkbox"/> Behavior Issues |

3. Please describe each of the symptoms circle above (i.e. when symptoms started, color, consistency, frequency, etc.):

4. What are you feeding your pet? How often? Any treats? Table Food?

5. Please List any medications and/or supplements that your pet is taking. Do you need refills?

6. Is your pet taking any preventatives for Heartworms and Fleas/Ticks monthly? _____

Do you need any refills? _____

7. Does your pet have any known medical conditions?

*8. For our feline friends – Is your pet indoor, outdoor or both? _____

9. Please give any additional information you feel might be relevant to your pet's health:

By signing this form, I confirm that all the information on this form is relevant and accurate to my pet.

Your Name: _____

Signature: _____ Date: _____