

<b>CLIENT NAME</b> _____ <b>SPOUSE / SIGNIFICANT OTHER</b> _____ <b>HOME ADDRESS</b> _____ <div style="text-align: center; margin-left: 100px;">STREET</div> <div style="display: flex; justify-content: space-between; margin-left: 50px;"> <span>TOWN</span> <span>STATE</span> <span>ZIP CODE</span> </div> <b>MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)</b> <hr/> <div style="display: flex; justify-content: space-between; margin-left: 50px;"> <span>P.O.BOX OR STREET</span> <span>TOWN</span> <span>STATE</span> <span>ZIP CODE</span> </div>	<b>PHONE / EMAIL</b> <b>HOME</b> ( _____ ) _____ -- _____ <b>CELL</b> ( _____ ) _____ -- _____ <b>SPOUSE</b> ( _____ ) _____ -- _____ <b>WORK</b> ( _____ ) _____ -- _____  <b>EXTENSION</b> _____  <b>EMAIL ADDRESS</b>  _____ @ _____ _____
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Since your last visit, some of your pet's lifestyle or behavior may have changed. Please complete all the following information to allow us to evaluate and individualize your pet's care. If you have more than one pet being seen today, please request a second questionnaire.

<b>PET NAME:</b> _____		<input type="radio"/> <b>DOG</b>	<input type="radio"/> <b>CAT</b>
<b>Goes for walks or goes to dog parks or parks for exercise and play.</b>	Yes	Yes	No
<b>Goes to a groomer or to pet stores with me.</b>	Yes	Yes	No
<b>Lives outside or in a wooded area.</b>	Yes	Yes	No
<b>Goes camping with me or is used for hunting.</b>	Yes	Yes	No
<b>Is sometimes visited by or visits with other pets.</b>	Yes	Yes	No
<b>Is or will be attending an obedience or training classes.</b>	Yes	Yes	No
<b>Stays at a boarding kennel while we are on vacation.</b>	Yes	Yes	No
<b>Lives with or frequently visits immunocompromised person(s)</b>	Yes	Yes	No
<b>My pet is on Flea/Tick prevention.</b> <input type="radio"/> Frontline <input type="radio"/> Nexgard <input type="radio"/> Comfortis <input type="radio"/> Other _____	Yes	Yes	No
<b>My dog is on Heartworm Prevention monthly.</b> <input type="radio"/> Heartgard <input type="radio"/> Other _____ Any doses missed? Yes / No	Yes	Yes	No
<b>DO YOU NEED A REFILL</b>	Yes	Yes	No
<input type="radio"/> Flea / Tick medication <input type="radio"/> Heartworm medication? <input type="radio"/> Other medication (please let Technician know)	Yes	Yes	No
<b>Has a microchip (if unsure, ask and we'll scan pet)</b>	Yes	Yes	No
<b>Appetite is</b>	Normal	Increased	Decreased
<b>Current brand of food:</b> _____			
<b>Weight is</b>	Stable	Loss	Gain
<b>Water consumption is</b>	Normal	Increased	Decreased
<b>Bowel movements are</b>	Normal	Constipated	Diarrhea
<b>Urination is</b>	Normal	Increased	Decreased
<b>Bad breath</b>		Yes	No
<b>Vomiting</b>		Yes	No
<b>Coughing or gagging</b>		Yes	No
<b>Car sick</b>		Yes	No
<b>Scotting or biting at rear end (now or recently)</b>		Yes	No
<b>Any listlessness or weakness</b>		Yes	No
<b>Shaking head</b>		Yes	No
<b>Hair loss</b>		Yes	No
<b>New lumps or bumps</b>		Yes	No
<b>Unusual discharge</b> <input type="radio"/> Eyes <input type="radio"/> Ears <input type="radio"/> Nose <input type="radio"/> Other		Yes	No
<b>Lameness / limping</b> <input type="radio"/> Left <input type="radio"/> Right <input type="radio"/> Front <input type="radio"/> Rear		Yes	No
<b>Difficulty rising</b>		Yes	No
<b>Reluctant to jump</b>		Yes	No
<b>Separation anxiety</b>		Yes	No
<b>Any behavioral changes? Anything else of concern?</b>		Yes	No