



Owner Name(s):

Patient Name:

Date:

Pre-Exam Questionnaire

Please list all medications that your pet is on regularly in the space below (if there are more, please continue at the bottom):

Below you will find a checklist of common indicators of medical problems in pets. Please mark each that applies in order to facilitate the diagnostic process for our doctors and staff. This greatly assists us in providing the best possible care.

Increased or decrease in appetite

Increase or decrease in drinking

Increase or decrease in weight

Change in frequency of urination/amount of urine

Any diarrhea or vomiting

Problems with control of urination or bowel movements

Behavioral changes/abnormal behavior (i.e. increased aggression, disinterested, etc.)

Apparent confusion, disorientation, pacing, vertigo

Irregular sleep patterns/restlessness

Limping, stiffness, discomfort

Lethargy and/or difficulties with physical activity

Itchy, irritated, and/or flaky skin

Any new or growing bumps or lumps

Head shaking/dirty ears/head shaking

Abnormal coughing and/or sneezing

Difficulty eating and/or mouth odor

Please list any other concerns you would like to discuss below.

My pet is healthy, and does not appear to have any of the problems listed above.

Have you recently traveled anywhere within the continental United States? If so, please list:

Have you recently traveled anywhere outside the continental United States? If so, please list:

Extracurricular activities (check all that apply):

Boarding

Daycare

Groomer

Dog Park

Pet Stores

Other, please list: