

New Patient History Questionnaire

1. Is this a new pet to your household? Y N
2. Where did you acquire your pet from? (name of breeder, name of rescue group, friend, etc.)
3. Please list any medical conditions or issues.
4. Please list any medications your pet is currently taking.
5. Please list any known allergies. Is your pet on any special prescription diet for the allergies?
6. Please list the dates & location of your pet's most recent vaccines. If you cannot remember the exact date, what time of year were they given?
7. What monthly preventative medication for intestinal parasites and heartworms are you giving? When was the last dose given or applied?
8. What flea/tick preventative are you giving? When was the last dose given or applied?
9. What is your pet's diet? _____ Dry? Y N Canned? Y N
What is your pet's feeding schedule? (Once a day, Twice a day, Free Feeding, etc.) _____
What type of treats and how often are they given? _____
10. Does your pet have a problem with aggression? Y N
If yes, please explain: (For example: towards cats, dogs, men, children, etc.)
11. If your pet is admitted to the hospital, who is/are the individual(s) the technician or doctor can provide with medical updates? At what number can we reach them?
12. Any special needs or requests for your pet we should address?

Client _____ Pet _____ Date _____