

CLIENT MEDICAL QUESTIONNAIRE

Pets Name:

Date:

Why is your pet here to be examined today?

What are you feeding your pet?

How much are you feeding your pet?

How is your pet's appetite?

Any coughing? When? Anything produced?

Any sneezing? When? Any discharge?

Any vomiting? When? What is in it?

Any lameness or trouble rising?

What are you doing to keep your pets teeth clean at home?

Does your pet exercise? How much? How is their stamina?

Any red or itchy or flaky skin? Using medicated shampoo? How often? Letting sit for 10 minutes?

Is your cat, dog and ferret on heartworm preventative? What's the name of the preventative?

Is your cat, dog and ferret on flea preventative? What is the name of the flea preventative?

Does your pet go to the groomers, kennel, obedience, agility, dog parks?

Is your pet on any supplements or other medications?