

Patient Medical Questionnaire

Please answer the following questions to provide our staff with the most accurate, up to date information on your pet for their upcoming appointment.

Name

First Name

Last Name

Pet's Name:

Best Phone Number to
Reach You At Today:

Area Code

Phone Number

Email

example@example.com

If your mailing address has changed, please update it below.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

What are your primary concerns for today's appointment? How long has this been going on? Is this a reoccurring problem?

Type here...

Do you need any medication refills or prescription food today?

☐ Yes

☐ No

Please list any medication refill requests here:

Type here...

List ALL Current Medications Or Supplements: (Ex: Rimadyl, Enalapril, Apoquel, Glucosamine etc.) Please list dosing: 1 tablet or 1/2 tablet; Dosing frequency: once daily/twice daily etc.)

Type here...

What type of Heartworm and/or Flea Prevention do you use? (Ex: Heartgard, Nexgard, Revolution, Sentinel, Trifexis, Advantage)

What brand of food do you feed? (Ex: Science Diet Adult Advanced Fitness dry, Prescription Diet Z/D, etc.)

Type here...

Do you feed table food?

☐ Yes

☐ No

If yes what kind? (Ex:
Carrots, Green Beans,
Steak, Chicken etc.)

Type here...

What type of treats do
you feed? How many
per day? (Ex:
Milkbones, Pill
Pockets, etc.)

Type here...

Where does your pet
live?

- ☐ Indoor (except for leash walks and
potty breaks)
- ☐ Strictly Outdoors
- ☐ Patio Access (for Cats Only)

Does your pet have a
history of vaccine
reactions?

- ☐ Yes
- ☐ No

Does your pet have a
history of medication
reactions?

- ☐ Yes
- ☐ No

If yes to either of the
last two questions
listed above, please
specify medication(s)
and/ or reaction type:

Do you travel with
your pet?

- ☐ Yes
- ☐ No

If yes, where do you
travel? (Northern
states, where ticks are
prevalent)

Do you have any other
pets in your
household?

- ☐ Yes
- ☐ No

If yes, what kind and how many?

Type here...

Does your pet visit any of the following

- ☐ Boarding Facility
- ☐ Groomer
- ☐ Doggie Daycare
- ☐ Dog Parks
- ☐ None of the above

Do you have any other concerns or questions today or need any additional services? (Nail trim, Anal Gland Expression etc.)

Type here...

If the doctor wants to do any diagnostic tests, do you want a phone call with an estimate first?

- ☐ Yes
- ☐ No

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