History Questionnaire for Office Visit Please answer all questions completely.

Client Name (Last, First):	Pet Name:
Why is your pet coming to see us today?	
What does your pet eat including snacks?	? Include Brand Names
How much? How is your pet feeling/acting today?	How Often?
Please answer yes or no to the following answers. Has your pet had any recent: Vomiting? Sneezing? Change in water consun Change in urinating or defecating habits? Comments:	Diarrhea? Coughing? nption? Change in appetite? Change in behavior?
Have you noticed any of the following: Ma Excessive itching, licking, grooming, or ch Any difficulty chewing or excessi Comments:	newing? Limping or difficulty rising? ve drooling?
Is you pet currently taking any medication a new prescription written. Also include a	n? Please list and indicate if you need a refill or ny over the counter medication, vitamins, etc

Please initial all treatments and procedures that you authorize:

Vaccination: Distemper CombinationLeukemia	_, Rabies, Kennel Cough,
Nail Trim: Express Anal Glands Heartworm/Lyme/Ehrlichia test (dogs):	:: Clean Ears:
<u>Urinalysis</u> (recommended for geriatric pets o	r pets with history of urinary problems)
Fecal Bloodwork (Wellness check, especially recor	
How many months of and what kind of Heard would you like to purchase today?	worm prevention, and/or Flea/Tick products