

Client#: _____



Patient History Questionnaire

Today's Date: _____ Pets' Name: _____

Owner's Name: _____

Why is your Pet visiting our office today:

What other symptoms is he/she having?

How long has he/she had this problem?

Is he/she having normal stools and urinating regularly? Yes No

If not, please describe:

Is the food and water intake normal? Yes No

If not, please describe:

Is he/she on any medications at this time? Yes No

If yes, please list all medications and the time that you gave them:

Is he/she up to date on vaccinations? Yes No

If yes, please give last date given: _____

*Any hospitalized animal must be current on vaccinations. If necessary protection is needed, that will be given in order to protect your pet and other patients.

In order for our Doctors to do a Complete Analysis for a Diagnosis, Do we have Your Permission to Perform the Following, if needed?:

Bloodwork (\$125-\$150) Yes No

X-Rays (\$146.50) Yes No

Ultrasound (\$72-\$198.50) Yes No

Urinalysis (\$60.50) Yes No

Please provide us with a Contact Phone Number where you can be reached while your pet is with us today:

Home or Work: (_____) _____ Cell: (_____) _____

Signature: _____