

Client#: \_\_\_\_\_



## Patient Recheck Questionnaire

Today's Date: \_\_\_\_\_ Pets' Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

**Please Use as much Detail as Possible**

Has your pet improved since your last visit?  Yes  No

If not, please describe:

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Have you noticed any new symptoms?  Yes  No

If yes, please describe:

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

If not, please describe:

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Is the food and water intake normal?  Yes  No

If not, please describe:

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

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

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Are you able to administer medications on your own?  Yes  No

Do you have any specific questions for the Doctor at this time?  Yes  No

If yes, please describe:

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**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 (\$123.50-\$175.50)  Yes  No

X-Rays (\$160)  Yes  No

Ultrasound (\$95-\$205)  Yes  No

Urinalysis (\$82.50)  Yes  No

What is the best way to reach you today?

Cell: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_