

WEST VALLEY ANIMAL HOSPITAL, LLC

EXAM QUESTIONNAIRE

PETS NAME (first and last):

DATE:

Please answer all the following questions to the best of your ability so we can update your pet's records.

Home address _____

Home Phone # _____ Email Address _____

Work Phone # _____ Cell Phone # _____

If you would prefer contact via text messaging, please list cell phone carrier. _____ (Text messaging is one way only.)

Do you have any changes to treatment authorizations (people and contact information)? _____

Please list all the persons over 18 years of age who are authorized to make treatment decisions for your pets in your absence:

Name: _____ Phone #: _____

Do you have Pet Insurance? _____ If yes, Provider: _____

What percentage is your pet outdoors? _____

What brands of food do you feed your pet? _____ Total amount fed per day: _____

List treats or table scraps? _____

Please list any medications you give your pet (including any over the counter medicines, vitamins, herbals or other food supplements):

What brand of flea/tick treatment do you use on your pet? _____

What brand of heartworm/GI parasite preventative do you use? _____

DENTAL CARE: Do you brush your pet's teeth or use Oravet? _____

ORAL HEALTH: Any breath odor? _____ Any drooling? _____

Any change in appetite or difficulty chewing? _____

EYES/EARS: Any difficulty seeing or hearing? _____

Any ear odor or itchiness? _____

LUNGS/NOSE: Any nasal discharge or sneezing? _____ Any panting? _____

Any coughing? _____ Any heavy breathing? _____

DIGESTION: Any vomiting? _____ If yes, how often and what? _____

Any diarrhea or straining? _____

URINARY/GENITAL: Any discharge from penis or vulva? _____

Any changes in water drinking habits or volume? _____

Any changes in urinary habits or housebreaking/litter box usage? _____

SKIN/COAT: Any licking or scratching or hair loss? _____

Any new lumps or changes to existing ones? _____

ORTHOPEDIC/NEUROLOGIC: Any stiffness, lameness or difficulty rising, climbing stairs or jumping? _____

Any change in strength or stamina? _____ Any seizures or fainting? _____

BEHAVIOR: AGGRESSIVE? What two behaviors does your pet perform which you would like to improve or discourage?

MISC: Are there any other problems for the doctor to address today or at a future visit? _____