

# Puppy & Kitten Questionnaire

Pet: \_\_\_\_\_ Owner: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

If this is not your first visit, are your address & phone number still correct?  no  yes

If this is your first visit, is this your first pet?  no  yes

Are you aware that pet insurance is available?  no  yes

Has your pet been microchipped?  no  no, but I am interested  yes

Are you interested in a tour of the hospital?  no  yes

Are you interested in puppy kindergarten classes?  no  yes

Do you have any records that we can copy?  no  yes

Reason for today's visit?  wellness exam & vaccines  other \_\_\_\_\_

Has your pet been seen for the same condition recently?  no  yes, when \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_

Where did you find your pet?  breeder  shelter  pet store  newspaper  other \_\_\_\_\_

Did you observe the parents?  no  yes Were the animals in sanitary conditions?  no  yes

What was their temperament & appearance? \_\_\_\_\_

What is your intended use for your puppy or kitten?  family pet  show quality, plan to show

breeding quality, plan to breed  other \_\_\_\_\_

Has your pet been spayed or neutered?  no  yes  don't know

Have you seen any worms in your pet's stool?  no  yes

If yes, what do they look like?  spaghetti (roundworms)  rice (tapeworms)

Has your pet been given any vaccinations yet?  no  yes  don't know

Is your pet on heartworm prevention?  no  no, what are heartworms?  yes

What product(s) do you use? \_\_\_\_\_

What day of the month do you give the heartworm prevention? \_\_\_\_\_

Is your pet on flea prevention?  no  yes What product(s) do you use? \_\_\_\_\_

What dental care do you provide at home? \_\_\_\_\_ How often? \_\_\_\_\_

What do you feed your pet? (list brand and amount) \_\_\_\_\_

Is your pet currently on any medications?  no  yes, list \_\_\_\_\_

Any known allergies to drugs/medications?  no  yes, list \_\_\_\_\_

Are you confident that previous vaccines/medications were given as recorded?  no  yes

Have you noticed any of the following? (Check all that apply)  coughing  sneezing

Vomiting: [ Vomitus contains:  food  hair  blood  fluid (color?) \_\_\_\_\_

foreign material (describe) \_\_\_\_\_ ]

Diarrhea: [ Consistency of the stool is?  soft  liquid ]

[ Stool contains:  blood  mucus  hair  foreign material (describe) \_\_\_\_\_ ]

discharge from eyes  discharge from nose  scratching/hair loss (location) \_\_\_\_\_

shaking head  listlessness/lethargy  unusual lumps or bumps, describe (location) \_\_\_\_\_

change in appetite: [  increased  decreased  not eating ]

behavioral problems, describe: \_\_\_\_\_

other: \_\_\_\_\_