



## New Client Questionnaire

Date: \_\_\_\_\_

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

Spouse/Other Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's birthday: \_\_\_\_\_ Owner's Driver's License: \_\_\_\_\_



Pet's name: \_\_\_\_\_ Dog/Cat/Other (circle one)

Breed: \_\_\_\_\_ Birthday or approximate age: \_\_\_\_\_

Sex (circle one): Male Neutered Male Female Spayed Female

Color: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Please give approximate dates of routine veterinary care:

Dogs:

Cats:

Last exam: \_\_\_\_\_

Last exam: \_\_\_\_\_

Heartworm test: \_\_\_\_\_

Feline leukemia/FIV test: \_\_\_\_\_

Heartworm preventive: yes/no

Leukemia vaccine: \_\_\_\_\_

Distemper vaccine: \_\_\_\_\_

Distemper vaccine: \_\_\_\_\_

Rabies vaccine: \_\_\_\_\_

Rabies vaccine: \_\_\_\_\_

Flea/tick preventive: yes/no

Flea preventive: yes/no

Do you have pet health insurance?      Yes    No

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Where did you obtain your pet? \_\_\_\_\_

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

Where is your pet housed?    Indoors    Outdoors    Both      Other: \_\_\_\_\_

Does your pet have a job other than being a pet? yes \_\_\_\_\_      No

For intact females, when was your pet's last heat cycle? \_\_\_\_\_

For neutered/spayed pets, when was the surgery performed? \_\_\_\_\_

What does your pet eat? Brand: \_\_\_\_\_      Formula: \_\_\_\_\_

Do you feed anything else? \_\_\_\_\_

Does your pet have any food allergies?    Yes    No    Don't know

Has your pet had any bad reactions to medications?    Yes    No    Don't Know

Does your pet have contact with other animals?      Yes    No

Does or has your pet ever traveled out of the area?    Yes    No    Don't Know

Is your pet currently on any medications?      Yes    No

Please list:

Has your pet had an illness, injury or surgery prior to the current problem? Yes    No

Please explain:

Is your pet currently coughing or sneezing?      Yes    No    Don't Know

Has there been a change in your pet's appetite? Yes    No    Don't Know

Has your pet lost or gained weight recently?      Yes    No    Don't Know

Is your pet currently vomiting?      Yes    No    Don't Know

Has there been a recent change in your pet's bowel movement?    Yes    No    Don't Know

Have there been any recent changes in your pet's urinary habits? Yes/No/Don't Know

Have you noticed a change in the amount of water your pet drinks? Yes/No/Don't know