



Annual Pet Health Questionnaire

Have you noticed any of the following conditions recently?

- Vomiting () Loose/soft stool () Coughing ()
Sneezing () Itchiness-licking or scratching () Skin lumps ()
Eye discharge () Ear discharge/itching/odor () Eye redness ()
Foul breath () Urinating (peeing) in the house () Constipation ()
Hair loss () Defecating (pooping) in the house ()
Aggression () Excessive barking () Fearful behavior ()
Disorientation () Destructiveness () Lethargy ()

Have you found parasites on your pet's skin? Fleas () Ticks () Other ()-specify _____

Has your pet's water consumption increased or seemed excessive? Yes () No ()

Does your pet urinate (pee) more often or strain to urinate? Yes () No ()

Have you noticed a change in your pet's gait, stiffness, trouble jumping, or a reluctance to walk?
Yes () No ()

Please note any medications or supplements/herbals your pet is taking:

- Heartworm preventative: Yes () No () If so, what type? _____
Flea and tick preventative: Yes () No () If so, what type? _____
Other medication: Yes () No () If so, what type? _____

What type(s) of food do you give your pet? _____

How much? _____ How often? _____

Please rate your pet's appetite: Not eating at all-(1) (2) (3) (4) (5)-Voracious eater

Please rate your pet's activity level: Paperweight-(1) (2) (3) (4) (5)-Olympic Athlete

Please rate how much time your pet is outside: Does your pet go near wooded areas?
Indoor only-(1) (2) (3) (4) (5)-Outdoor only Yes () No ()

If you have any other questions or concerns, please note them below:
