ParkView Animal Hospital

Medical Questionnaire

Client's Name:	Date:
Patient's Name:	
Concerns you would like addressed today:	
Has your pet been previously diagnosed with any medical condition(s)? If yes, what condition(s)? Is your pet currently receiving treatment for said medical condition(s)? Any previous surgeries?	
Current diet:	
Amount fed per meal:	Number of meals per day:
How is your pet's appetite?	
Are you doing anything to keep your pet's teeth clean at home? (tooth brushing/wiping, dental diet/treats, etc.)	
Any vomiting? If yes, when? How frequently? What do the contents look like?	
Any diarrhea or soft stool? If yes, when? How frequently? What does it look like?	
Any coughing or sneezing? If yes, when? How frequently? Any discharge?	
Any lameness, stiffness, trouble rising, or limping? If yes, how long? How frequently? Which limbs seem affected?	

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Does your pet exercise? How much? How frequently? Any changes in their stamina?
Any red, flakey, itchy, or irritated skin? If yes, how often does your pet get bathed? Using medicated shampoo?
Is your pet on heartworm prevention? If yes, which prevention and how frequently?
Is your pet on flea and/or tick prevention? If yes, which prevention and how frequently?
Is your pet on any other supplements or medications? (prescribed or over-the-counter)
Does your pet go to the groomer, boarding/daycare, training classes, dog parks, or any other places they may encounter animals not known to you? If yes, which of the above and how frequently?
Any further information you would like to provide to help us treat your pet better?