

Patient Questionnaire

Patient's Name: _____
Date of Birth: _____ Sex: _____
Breed: _____

Date of Appointment: _____
Spayed/Neutered: Y _____ N _____
Color/Markings: _____

DOG Vaccine History & Last Date Given

Rabies: _____
DHLPP (distemper) : _____
Corona: _____
Bordetella (kennel cough): _____
Lyme: _____
Heartworm Test: _____
Fecal Analysis (stool sample): _____

CAT Vaccine History & Last Date Given

Rabies: _____
FVRCP (distemper): _____
FELV (feline leukemia): _____
Feline Leukemia Test: _____
Fecal Analysis (stool sample): _____

Has your pet had any vaccine reactions in the past? _____

What is your pet's primary medical problem? _____

Has your pet had any past medical problems? _____

What made you seek alternative ways of healing and how do you see us helping your pet?

Does your pet have any fears or phobias? _____

Is your pet currently taking any medications/supplements? (please include heartworm/flea prevention)

How is your pet's appetite? _____

What do you feed your pet? _____

How much does your pet eat and how often? _____

What is your pet's favorite food/treats? _____

Have there been any diet changes? _____

How much water does your pet drink daily? Has it increased or decreased lately? _____

Does your pet urinate normally? Or does he/she have urgency, abnormal or frequently urinate? _____

Does your pet have normal stools? Or does he/she have urgency, abnormal or frequent stools? _____

Describe your pet's energy level. _____

Does your pet have problems sleeping through the night? _____

Does your pet seek warm places to rest? If so, where? _____

Does your pet seek cool places to rest? If so, where? _____

Describe your pet's emotions? (i.e.: happy, nervous, hyperactive) _____

My pet is happiest when: _____

My pet is saddest when: _____

Does your pet show aggression to anyone or anything? _____

Does your pet have difficulty laying down, walking, running, etc.? _____

Is your pet painful? If so, when and where? _____

Does your pet's pain seem worse or better when he/she runs? _____

Does the pain worsen with cold or damp weather? _____

Have there been any changes in the household? (i.e.: moving, new pet, new baby, construction, etc.) _____

Please add any other pertinent information: _____

DISCLAIMER