**-Thank you for choosing Alta Vista Veterinary Hospital!**

**So we may provide your dog with the best care possible, please carefully fill out this questionnaire to the best of your ability.**

**Dog Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pet Parent name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Birth/Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Complaint/Reason for visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your dog been seen for the same condition before? [ ] Yes [ ] No

How long has this been a problem? \_\_\_\_\_\_\_\_\_\_\_\_\_

Who is/was your primary veterinary hospital?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Rabies vaccination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Distemper/Parvo vaccination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Last Bordatella vaccination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other vaccines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog have a microchip? [ ] Yes [ ] No

Is your dog spayed / neutered? [ ] Yes [ ] No

Fecal (stool) testing for parasites in the last year? [ ] Yes [ ] No

Is your dog on heartworm prevention? [ ] Yes [ ] No

Does your dog have a history of having seizures? [ ] Yes [ ] No

Any injury or illness in the past 30 days? [ ] Yes [ ] No

If so, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog currently on any medication(s)? [ ] Yes [ ] No

If Yes, Explain, including doses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your dog allergic to any drugs/medications/food? [ ] Yes [ ] No

Is so what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times a day do you feed your pet?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Treats : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your dog get table scraps? [ ] Yes [ ] No

Are there any food intolerances? [ ] Yes [ ] No

When did your dog last eat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*PLEASE TURN OVER PAGE FOR ADDITIONAL QUESTIONS\*\*\*\***

Appetite: [ ] Decreased [ ] Normal [ ] Increased

Body Weight: [ ] Loss [ ] Stable [ ] Gain

Water Consumption? [ ] Decreased [ ] Normal [ ] Increased

Bowel Movements? [ ] Constipated [ ] Normal [ ] Diarrhea

If change in bowel movement, how long has this been occurring?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urination? [ ] Decreased [ ] Normal [ ] Increased Amount [ ] Increased Freq.

Incontinence/Loss of Housetraining? [ ] Yes [ ] No

Straining to Urinate? [ ] Yes [ ] No

Vomiting? [ ] Yes [ ] No

Coughing? [ ] Yes [ ] No

Panting? [ ] Yes [ ] No

Sneezing? [ ] Yes [ ] No

Gagging? [ ] Yes [ ] No

Any Listlessness? [ ] Yes [ ] No

Any Weakness? [ ] Yes [ ] No

Shaking Head? [ ] Yes [ ] No

Scratching? [ ] Yes [ ] No

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant Hair Loss? [ ] Yes [ ] No

Flea Control Used? [ ] Yes [ ] No Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scooting? [ ] Yes [ ] No

Unusual Lumps or Bumps? [ ] Yes [ ] No

Bad Breath? [ ] Yes [ ] No

Unusual Discharge? [ ] Yes [ ] No

Location:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Lameness or Limping? [ ] Yes [ ] No

If Yes, Which Leg: [ ] Right Front [ ] Left Front [ ] Right Rear [ ] Left Rear

Difficulty Rising? [ ] Yes [ ] No

Stiffness? [ ] Yes [ ] No

Any Behavioral Changes? [ ] Yes [ ] No

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please add any additional comments/concerns you may wish to have addressed on your visit to Alta Vista Veterinary Hospital.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_**