

Office Examination Questionnaire

*Nobody likes more paperwork, but please take a few minutes to fill this out **prior** to your pet's examination. It will greatly assist us in diagnosing and treating the problem.*

Owner's Name _____ Pet _____ Date _____

Primary reason for today's visit _____

INSTRUCTIONS: Please circle YES or NO (Explain if needed)

Has your PHONE NUMBER or ADDRESS changed since the last visit?	YES	NO
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YES? New number _____

Has your pet had any recent medical problem?	YES	NO
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Does your pet have any chronic medical problem?	YES	NO
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Does your pet have any known allergy to medications?	YES	NO
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Are you giving any medication or supplements?	YES	NO
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Has your pet traveled out of the area	YES	NO
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HAS YOUR PET SHOWN ANY OF THE FOLLOWING SYMPTOMS OR SIGNS????

Bad breath or body odor?	YES	NO	head shaking?	YES	NO
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coughing or sneezing or wheezing?	YES	NO	itching or scratching?	YES	NO
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vomiting or diarrhea?	YES	NO	poor hair coat or hair loss?	YES	NO
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scotching on rear end?	YES	NO	skin problems?	YES	NO
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lameness or stiffness?	YES	NO	lumps or bumps?	YES	NO
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listlessness or weakness?	YES	NO	tremors or seizures	YES	NO
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gagging or choking?	YES	NO	unusual discharge (ear, eye, etc)?	YES	NO
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HAS THERE BEEN ANY CHANGE IN YOUR PET'S.....

bowel movements?	YES	NO	appetite?	YES	NO
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frequency or amount of urination?	YES	NO	water drinking	YES	NO
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weight (loss or gain)?	YES	NO	behavior?	YES	NO
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ANYTHING ELSE WE NEED TO KNOW? _____
