

General Sick Pet Questionnaire

Patient Information Label

Doctor: _____

Tech: _____

1. What is the presenting complaint? _____
2. When did it begin/how long has it been going on? _____
3. Does pet seem to be experiencing any pain or discomfort? If so, on a scale of 1-10 how much?

4. How often does it occur? _____
5. Does anything trigger the problem? (i.e. pet limps after playing) _____
6. Are there any other problems associated with the presenting complaint? _____
7. Does your pet seem to be experiencing any pain or discomfort? If so, on a scale of 1-10 how severe? _____
8. Does your pet have any other current medical or surgical conditions? If so, list:

9. What is your pet's current diet? (Be as specific as possible)

10. Does pet have any known allergies? _____
11. What is your pet's appetite and water intake like? _____
12. On a scale of 1-5 (1 being emaciated, 3 being ideal, and 5 being obese) where do you feel your pet's body condition/weight is?

13. Describe your pet's bowel movements: (consistency, color, frequency, amount, etc.)

14. Describe your pet's urination: (color, amount, frequency, if any odor, any changes in routine, etc.)

15. If your pet is vomiting, please describe what the vomit looks like: _____
16. Is your pet currently on any medications? If yes, list: _____
17. Is your pet coughing, sneezing, or having any difficulties breathing? _____
18. Is your pet having any nasal or eye discharge? If yes, describe. _____
19. Is your pet kept indoors, outdoors, or both? _____
20. Has your pet recently been away from its normal environment or around any new animals? (i.e. pet store, dog park, got out of yard, etc.) _____
21. Does your pet have any access to trash, chemicals, or any other hazardous materials? _____
22. Does your pet chew on toys or other objects? If yes, have any been chewed up or gone missing recently?

23. Has pet been under any kind of stressful event recently? (i.e. boarding, traveling, company at or construction on your home, etc.) _____