

## Puppy/Kitten Questionnaire –Booster Vacc Visits

**Patient Information Label**

Doctor: \_\_\_\_\_

Tech: \_\_\_\_\_

1. What is the primary reason for your visit today? \_\_\_\_\_
2. Are there anything else you would like to address today? \_\_\_\_\_
3. If pet was vaccinated on the 1<sup>st</sup> visit, did he/she seem sore, lethargic, or listless? \_\_\_\_\_
  - a. If yes, did it last more than 24 hours? \_\_\_\_\_
4. Have there been any changes in activity level or behavior since the last visit?  
\_\_\_\_\_
5. Any changes in urination or defecation? \_\_\_\_\_
6. Any changes in appetite or diet? \_\_\_\_\_
7. Any changes in water intake? \_\_\_\_\_
8. Has potty training improved since the last visit? \_\_\_\_\_  
\_\_\_\_\_
9. If any behavioral issues were discussed during your first visit, have they improved at all?  
\_\_\_\_\_  
\_\_\_\_\_
10. Has any coughing or sneezing started since we saw him/her last? \_\_\_\_\_
11. Any new eye or nose discharge? \_\_\_\_\_
  - a. If yes, when did it start? \_\_\_\_\_
12. Are there any new issues that you would like to address?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_