

Questionnaire

Owner Name :

Pet Name :

If Pets & Vets is not your regular veterinarian, who is your regular veterinarian?

What is the current problem with your pet?

How long has this been going on?

On scale of 0 to 10, where would you rate your pet's pain?

How has your pet been eating?

What kind of food and how much?

How has your pet been drinking?

Has there been any vomiting?

If yes, for how long?

Has there been any diarrhea?

if yes, how long?

Have you noticed any blood or black tarry material in vomiting or diarrhoea? Explain

How would you characterize your pet's urination?

Is your pet on any medication? , if so, what kind and what dosage?

Date of last vaccine for

Rabies

Distemper

Lyme

Bordetella

FeLV

Has your pet had any prior vaccine reactions or drug reactions? If so, Explain

Does your pet has any chronic health issues?

Has your pet gotten into anything abnormal recently (garbage,dead animal,over-the-counter or prescription medications, rat/mouse, poison, antifreeze, chocolate, grapes, raisins, onions, garlic etc.) If so, how much was eaten and how long?

Following my pet's examination, please call me at this phone number:

In the case you cannot be reached by phone, how would you like us to proceed in the case of a life threatening emergency situation?

Please DO NOTHING until I am reached Please USE PROFESSIONAL JUDGMENT and proceed accordingly.

Please PERFORM LIFE-SAVING procedures but nothing else until I am reached

Signature :

Date :