



Preventive Care Questionnaire

Today's Date: _____ Owner's Name: _____

Patient's Name: _____ Age _____ Sex: **Male/Female Neuter/Spayed**

Patient's current diet: Brand _____ Quantity (Cups/Cans)? _____

Frequency Fed(Per Day)? _____ Other scraps/table food _____

Eating Changes? Normal Increased Decreased Other _____

Water Consumption: Normal Increased Decreased Other _____

Bowel Movements: Normal Increased Decreased Other _____

Urination Frequency: Normal Increased Decreased Other _____

Heartworm/Parasite/Flea Tick Control: Yes No

If yes, what kind? _____ Date last given? _____

Is the patient primarily: Indoor Outdoor Both

Daily medications?

Medication Name	Dosage (How much/How often)	Last Dose Administered

Does your pet come in contact with other pets outside your household? Yes No

Boarding? Where _____ Grooming? Where _____ Dog Park Other _____

Have you noticed any issues/problems with your pet? Yes No

If yes, please specify: _____

How long has problem been going on? _____

Is the problem: Better Worse Same

Has a similar problem happened in the past? Yes No



Have you done anything or given patient any medication for above problem? Yes No

If yes, please specify: _____ Did it help? Yes No

Please select from the options below:

Heartworm/Tick-Borne Test (\$45)

Intestinal Parasite Screening (\$27)

Basic Wellness Package (\$99)

- Heartworm/Tick-Borne Test
- Intestinal Parasite Screening
- Organ Function Panel – liver/kidney functions, complete blood count(can indicate infection, anemia, and/or inflammation)

Comprehensive Wellness Package (\$229)

- Heartworm/Tick-Borne Test
- Intestinal Parasite Screening
- Extensive Organ Function Panel
- Urinalysis
- Thyroid Function Panel

None

You know your pet better than anyone; this makes you a key player in providing us with vital information on your pet and any health changes he/she may have. The more we know about your pet, the better we can support you in providing your pet with a happy and healthy life!

Phone number(s) where client can be reached today:

Home: _____ Cell: _____

Work: _____ Other: _____

Signature of Owner _____

Thank you for allowing us to care for you and your pet!