

EXAMINATION QUESTIONNAIRE



Client Name: _____

Pet Name: _____ Dog Cat Male Female | Color _____ Weight _____ Age _____

Please check the significant problems that apply to your pet and prioritize by number:

- Coughing _____
- Itching Skin _____
- Lethargic _____
- Losing Weight _____
- Vomiting _____ Times per day _____
- Limping: Front Rear Left Right
- Difficulty Defecating _____
- Eye Discharge _____
- Nose Discharge _____
- Shaking Head _____
- Scratching Ears _____
- Seizures _____ times per: Day Week Month
- Sneezing _____
- Other _____

How long has your pet displayed these problems?

Describe your pet's appetite and drinking habits:

Describe your pet's urine and bowel habit:

- No Change
- Increased Urine
- Increased Stool
- Formed Stool
- Semi-formed Stool
- Watery Stool

What are you currently feeding your pet:

- Dry Food, which brand? _____
- Canned food, which brand? _____
- Other Food (*raw, human/table food*) _____

Is this a recent change? Yes No

If yes, what were you previously feeding?

List any lumps/bumps that you would like checked:



Where does your pet spend his/her time?

- Only Indoor (never outside) Mainly Indoor
- Mainly Outdoor Equally In/outdoor

Is your pet currently receiving a monthly intestinal and heartworm preventative? Yes No

If yes, what kind and what day of the month?

Is your pet currently receiving a monthly flea/tick/ external parasite preventative? Yes No

If yes, what kind and what day of the month?

Is your pet currently receiving any other medications?

Please list medications and dosages:

In order to diagnose your pet's condition, your pet may require blood tests, x-rays, and/or other diagnostic testing. Do you authorize tests if the doctor feels they are warranted?

___ YES, ___ Do NOT proceed with any doctor recommended diagnostic testing.

Would you like to be called with an estimate prior to any treatment? Yes No

It is very important that the doctor is able to contact you if they have any questions regarding your pet. If the doctor is unable to reach you it may result in a postponement of treatment. List all numbers where you can be reached today:

1st _____

2nd _____

List any other comments/questions:

Drop Off Exams are offered for your convenience. Your pet will be examined when the doctor's schedule allows (critical patients will be examined immediately). Pick up times cannot be guaranteed, but we will try our best to accommodate your schedule.*

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

Fill out & email (info@mandevilleah.com) or bring in this form. We will review it and collect your signature when your pet arrives.

Print _____

Sign _____

Date _____