Veterinary Department Questionnaire

Name: __________________________________

Today's Date: ___________________________ Date Leaving: ___________________________

Presenting complaint: ______________________________________________________________

When did you first notice these symptoms/how long has it been going on? _______________________

Does anything seem to trigger this problem? ______________________________________________

Has the problem been improving, worsening, or staying the same? __________________________

Has your dog had this problem in the past? If yes, explain: ________________________________

Symptoms:

Please let us know if your dog is having any of the following symptoms. Use body diagram below when necessary.

1. Vomiting (please describe consistency and frequency): _________________________________

2. Diarrhea/loose stool (please describe consistency and frequency): _______________________

3. Change in eating or drinking habits (describe): _________________________________________

4. Scooting: _______________________________________________________________________

5. Increased or difficult urination: _____________________________________________________

6. Coughing or gagging: _________________________________________________________________________

7. Sneezing: _________________________________________________________________________

8. Eye discharge (please describe color and frequency): _________________________________

9. Ear odor or discharge: _________________________________________________________________________

10. Head shaking: _______________________________________________________________________

11. Scratching (please indicate location and frequency): ________________________________

12. Hair loss (please specify location): _________________________________________________

13. Skin lesions (please specify location): _______________________________________________

14. Growths/lumps (please specify location): _____________________________________________

15. Limping/lameness (describe and specify location): _________________________________

16. Any additional symptoms or information you would like us to know: __________________________

Medications:

Currently on any medications? If yes, please list:

_______________________________________________________________________________________

_______________________________________________________________________________________

When was the last dose of medication given:

_______________________________________________________________________________________

Currently on flea control? If yes, when was the last dose given: ______________________________

What is the best number to reach you on in case we have further questions regarding your dog’s medical condition?

1) __________________________________

2) __________________________________