

VCA Franklin Park Animal Hospital Patient Questionnaire

**Today’s Date:** Click or tap to enter a date. **Owner Name:** Click or tap here to enter text. **Pet Name:**Click or tap here to enter text. **Date of Birth** Click or tap to enter a date. **Species: DOG** [ ]  **CAT**[ ]  **Other** [ ]  **Male** [ ]  **Female** [ ]  **Spayed/Neutered** [ ]

**Age when acquired:** Click or tap here to enter text. **Where acquired? Breeder** [ ]  **Pet store** [ ]  **Shelter**[ ]  **Found as stray** [ ]  **Friend/Family**[ ]

**Microchip present? YES**[ ]  **NO**[ ]  **Unsure**[ ]  **Previous surgery or illness:** Click or tap here to enter text.

**How many dogs in home?** Click or tap here to enter text.**How many cats in home?**Click or tap here to enter text. **List other pets in home:** Click or tap here to enter text.

**How many hours does this pet spend outdoors each day?** Click or tap here to enter text.**hours Do you travel with this pet? YES** [ ]  **NO**[ ]

**Does this pet go to (check all that apply): Dog parks □ Doggie daycare**[ ]  **Boarding/Grooming**[ ]  **Classes/Agility**[ ]  **Dog shows** [ ]

**Does this pet go hunting, hiking or spend time in wooded or natural areas frequented by wildlife? YES**[ ]  **NO**[ ]

**For cats – number of litter boxes** Click or tap here to enter text. **Type of litter used:** Click or tap here to enter text. **Any issues with not using the box? YES** [ ]  **NO**[ ]

**Does this pet have any chronic illness (ie. Allergies, diabetes): YES NO List:** Click or tap here to enter text.

**Heartworm preventative YES**[ ]  **NO** [ ]  **How many months of the year?** Click or tap here to enter text.

**Flea and tick preventative YES**[ ]  **NO**[ ]  **How many months of the year?** Click or tap here to enter text.

**List all medications (including over the counter medications and supplements) pet is currently taking: Other than ones prescribed by our hospital**

|  |  |  |
| --- | --- | --- |
|  **Medication**  |  **Strength**  | **Times per day** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**What do you feed this pet? Brand Amount Times per day**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dry** | **Enter Text** | **Enter Text** | **Enter Text** |
| **Canned** | **Enter Text** |  **Enter Text** | **Enter Text** |
| **Treats** | **Enter Text** | **Enter Text** | **Enter Text** |
| **Table food** | **Enter Text** | **Enter Text** | **Enter Text** |

**Change in appetite? YES**[ ]  **NO**[ ]  **Vomiting? YES**[ ]  **NO** [ ]  **if yes how often?**Click or tap here to enter text. **Diarrhea? YES**[ ]  **NO**[ ]

**Does this pet drink more than usual or need to urinate more frequently YES** [ ]  **NO**[ ]

**Describe this pet’s activity level: very active (Frisbee/fetch, running)** [ ]  **somewhat active( brisk, long walks) Somewhat inactive (occasional walks, brief play)** [ ]  **inactive (little to no exercise)** [ ]

**Is your pet seem less active?** [ ]  **Less comfortable jumping or using stairs?** [ ]  **Have difficulty getting up?** [ ]