

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?**