

NEW PATIENT QUESTIONNAIRE

General Information

Today's Date: _____

Client Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

**Please note which phone # is preferred contact number

Email address: _____

Animal Name: _____ Species: Canine Feline

Age or Date of Birth: _____ Sex: _____ Spayed/Neutered? Y N

Breed: _____

Presenting Concerns

What is the reason for your visit? Please give a brief summary of current, previous, or chronic health issues, and what your goals are with seeking care at Animal Healing Center

Please list any and all medications and supplements given to your pet; specific product names, dosage, frequency, duration, including and parasite control (flea/tick/heartworm preventatives) or bring them with you to the appointment:

Please list any known allergies to foods, environment and/or medications:

Diet

Tell us about your pet's diet; type of food (home prepared, raw, canned, kibble) specifically listing brand names, and include quantity and frequency of meals, and how long you have been feeding this diet

What type of treats do you give your pet (include everything)?

Does your pet have any digestive issues? (vomiting, hairballs, abnormal stools, constipation)

Exercise

Describe your dog or cat's activity level and exercise routine (leash walks, off leash, play, agility, etc), how often and for how long, access to outdoors, etc.

Behavior

Personality type/behavior (check all that apply): Happy Grouchy Moody Shy
 Sensitive Submissive Aggressive Prefers Routine Easy going Needy
 Stubborn Pushy Fearful Energetic Hyperactive Gets along with people
 Gets along with cats Gets along with dogs

Is your pet aggressive? If so, in what situations?

Does your pet have any anxiety (separation, loud noises, etc)?
