Questionnaire for Pets

Pet's Name   Type   Breed

Owners Name

Address   Date

Phone   Email

1) Age   How long have you had your pet?
   Where did you get your pet?

2) Vaccine history/dates: (please place on a timeline)
   Rabies 1st   2nd   1yr. / 3 year   Dhllpp   Fvrcp
   Leukemia   Lyme   Kennel cough   Other

3) After effects from vaccines? Ex: Swelling, redness, behavioral
   problems, skin issues, sinus problems or unusual discharges, loss
   of hair, etc.

4) Medications?

5) Intolerance to medications?

6) Diet: brand, treats, amount, raw food?   Allergies?

7) What does your pet like or dislike to eat?   Food cravings? Salt?

   Chews or eats indigestible things?   Over/under eats?

8) Water intake? (Amount and desired temp.)

9) Supplements or vitamins? For how long? Do they control any
   symptoms?

10) Family history of disease?

11) What are your pet's health problems? List each one and answer the following question below for each problem.

   a) When did it begin?

   b) What happened in the pet's life at this time?

   c) What do you think caused it?

   d) What aggravates the problem (foods, weather, noise, heat, cold, emotional upset, nighttime, etc.?)

   e) When during the day or night is the problem the worst or exact time?

12) Any past or present bowel changes? (color, frequency, consistency, mucus, pain, etc.)

13) Any past or present skin problems? (itching, raw spots, loss of hair, cysts, warts, etc.) or lesions?

14) Home environment (alone, companion, restrictions, bedding)

15) ***Mental and Emotional Tendencies:*** Reactions to: stress, scolding, noise, surrounding activity, consolation, affection, other dogs or cats?

16) Extrovert or introvert tendencies?

17) Likes to be alone or with people?

18) Fears? (Noise, people, dark, needles/shots, claustrophobia, riding in the car, etc.)

19)**Will/Manner:** Dominate/submissive; Aggressive/shy; Noisy/quiet; Excitable/docile; Impulsive/steady; Careful/clumsy; Gentle/rough; Friendly/aloof; Independent/dependent; Obedient/disobedient, etc.

20)How does your pet react to a new person entering the house? To you or a family member entering?

21)New situations with new people or other animals?

22)Does your pet show anger, hurt, depression, etc. if you've been away for a long time?

23)Any recent or past personality changes? What happened and possible causes?

24)Does your pet prefer to lie in the sun, shade, tile floor, cushion, rug, etc.?

25)Where does your pet like to sleep?

26)In what position does it usually like to lie down?

27) Is there anything odd or peculiar about your pet's behavior or symptoms?

28) Please write out a timeline of medical (in a general sense, include vaccines, surgeries, rounds of antibiotics or steroids, etc.) and emotional history (traumas, rescue, abuse, start of behavioral problems, etc.)

29) If you can please include medical records, treatments, x-rays, lab tests, etc. This is not absolutely necessary but somewhat helpful.

30) Is there anything else you would like to convey about your pet?