

Patient Questionnaire For Appointment

- **Name***
- First: _____
- Last: _____
- **Patient Name*** _____
- **What is your pet's presenting problem?***

- **Is your pet having any vomiting, diarrhea, coughing or sneezing?***
 - Yes
 - No
- **Does your pet have normal urination and bowel movements?***
 - Yes
 - No
- **How is your pet's appetite?***

- **Is your pet's water intake normal, increased, decreased ?***

- **What brand food does your pet eat and is it dry or can food?***

- **Please list any medications or supplements your pet is on.**

- **Is your pet indoor or outdoor ?***
 - Indoor
 - Outdoor
- **Would you like a nail trim or anal gland expression today ?***
 - Yes
 - No
- **Please list the best phone number for our Doctor to call you at once they are finished with your pets exam and to go over a treatment plan***

Please have your cell phone on you charged and ready.

Thank you for your patience during this time.
Doctors Pet Clinic
Doctors and Staff