



## Canine Exam Questionnaire

Our goal is to provide the best veterinary care for your pet. Please fill out this questionnaire pertaining to your pet's health history so that we may have the most up to date information.

Client's Name:

First

Last

Pet's Name:

Best contact number for today:

Date:

Reason for exam today:

Has your pet recently experienced any of the following: *(check all that apply)*

Coughing

Shaking their head

Scotting

Sneezing

Any scratching

Unusual discharge

Vomiting

Significant hair loss

Lameness

Diarrhea

Unusual lumps or bumps

Straining to urinate

Gagging

Bad breath

Seizures

Constipation

Stiffness

Weakness

Listlessness

Behavioral Changes

Has your pet had an increase or decrease in any of the following:

**Drinking**

**Appetite**

**Urination**

**Defecation**

**Weight**

Have you updated your pet's vaccinations at any other veterinary hospital? If yes, please complete the following. If vaccines have only been administered at Sierra View Animal Hospital, please skip to page 2.

At what hospital were the vaccines administered?

What was the date of your pet's last:

DAPP Vaccine:

Bordetella Vaccine:

Rabies Vaccine:

Influenza Vaccine:

Lepto Vaccine:

Heartworm Test:

Deworming:

Fecal Test:

Please list any additional vaccines your dog receives:

Has your dog ever had a reaction to any vaccines?

If your dog's vaccines are not current, would you like them to be given today?

Is your dog currently on any medications or supplements? *If yes please name:*

Has your dog ever had a reaction to any medication? *If yes which medication:*

Does your pet have any other allergies?

What type of flea/tick prevention is your pet currently on?

What type of heartworm preventative is your pet currently on?

Does your dog ever go hunting, camping, hiking or have exposure to wildlife?

Has your dog had any illness/injury in the last year? *If yes, please describe:*

What are you currently feeding your dog?

Do you give your dog table scraps?

Has your pet eaten in the past four hours?

Do you have any questions or comments for the doctor?

*Please note for day admission patients, typically they are released between 3:00pm and 6:00pm. However, if there is a specific time you are looking to pick up your pet, please let us know and we will do our very best to have your pet ready to go at that time.*

Special pick up time request:

*I hereby authorize the veterinarian at Sierra View Animal Hospital to examine, prescribe for and treat for the conditions presented on this form for the pet presented by me. Furthermore, I agree to pay fees, in full, for all services rendered when my pet is discharged from the hospital's care. I also understand that at times a deposit may be required when my pet is admitted.*

Signature:

Date: