

## Patient Questionnaire

Patient name \_\_\_\_\_ Owner name \_\_\_\_\_

Is your pet on any medications? Please list:

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Does your pet have any sensitive areas on his/her body? Please describe:

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Does your pet have any allergies to medications? Please list:

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Does your pet have any food or other allergies? Please list:

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What are your expectations from this visit? \_\_\_\_\_

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### **Eating habits**

How many meals a day do you feed your pet? \_\_\_\_\_

What kind of food and how much per serving, how is it prepared? \_\_\_\_\_

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What kind of treats do you give your pet and under what circumstances?

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### **Elimination routine**

What is your pet's normal daily routine for elimination? \_\_\_\_\_

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What kind of surfaces does your pet prefer for elimination? \_\_\_\_\_

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Is your pet prone to diarrhea when stressed? \_\_\_\_\_

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Do you have an elimination command? Please describe: \_\_\_\_\_

\_\_\_\_\_

Additional info: \_\_\_\_\_

\_\_\_\_\_

### **Play and Exercise**

What is your pet's favorite toy? \_\_\_\_\_ Game? \_\_\_\_\_

Does your dog like chew toys? \_\_\_\_\_ What kind? \_\_\_\_\_

Is your pet totally indoor, indoor/outdoor or totally outdoor? \_\_\_\_\_

Additional info: \_\_\_\_\_

\_\_\_\_\_

### **Behaviors**

How does your pet react to other dogs/cats? \_\_\_\_\_

How does your pet react to unfamiliar people? \_\_\_\_\_

\_\_\_\_\_

Does your dog ever chew destructively or eat non-food items? Please describe: \_\_\_\_\_

\_\_\_\_\_

Additional info: \_\_\_\_\_

\_\_\_\_\_

Describe briefly a typical day in the life of your pet so that we can better understand his or her routine. Please also include a typical bedtime ritual:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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