

NEW PATIENT QUESTIONNAIRE

Microchip# _____

Heartworm Prevention: type _____ last dose _____

Flea Prevention: type _____ last dose _____

Deworming last done: _____

Fecal last done: _____

HWT last done: _____

Dates of vaccines:

dog
DHPP _____
Rabies _____
Bord _____
Lepto _____
Lyme _____

cat
FVRCP _____
Rabies _____
FeLV _____

1. Patient age at visit: _____
2. How long have you had patient: _____
3. From where (breeder, humane society, rescue group, other): _____

4. Historical illnesses and surgeries:

1. _____ date _____
2. _____ date _____
3. _____ date _____
4. _____ date _____
5. _____ date _____
6. _____ date _____
7. _____ date _____
8. _____ date _____

5. Diagnostics within the last year:

1. type _____ date _____
2. type _____ date _____
3. type _____ date _____
4. type _____ date _____
5. type _____ date _____
6. type _____ date _____

6. Current Medications

1. _____
2. _____
3. _____
4. _____
5. _____

7. Questions for doctor:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

8. Current Diet (type and frequency): _____

