

Range Animal Hospital Appointment Questionnaire

Client Name: _____

Pet Name: _____

1) What are we seeing your pet for today? _____

2) Do you have any problems or concerns with your pet? _____

3) Is this a new problem or a recurrent problem or concern? _____

4) How long has the problem or concern been occurring? _____

5) Have there been any changes (in the home, environment, new pets, new family members) that may have started this current condition? _____

6) Have there been any new treats given, got into the garbage, trauma, rough play? ___Yes ___No

If yes please describe: _____

7) If Dr advises routine diagnostics, do you authorize any of the following diagnostic tests:

Bloodwork and/or Urine analysis ___Yes ___No

Radiographs ___Yes ___No

Ultrasound ___Yes ___No

Sedation, only if necessary ___Yes ___No

Heartworm Test ___Yes ___No

8) Is your pet current on all their vaccinations? ___Yes ___No

If No, what vaccines are we authorized to update? _____

9) Is your pet currently on any medications? ___Yes ___No

If yes: Medication Name and Last Dose: _____

Are the Medications helping? ___Yes ___No

10) Is your pet on any supplements? ___ Yes ___ No

If yes: Supplement Name and Last Dose: _____

Are the supplements helping? ___ Yes ___ No

11) What brand food does your pet eat? _____

How much per day? _____

When was your pet's last meal? _____

Any treats/what kind? _____

12) Any concerns with your pet's bowel movements and urinations? _____

If yes, please describe the concern: _____

13) Has your pet had any of the following?

Vomiting ___ Yes ___ No

Diarrhea ___ Yes ___ No

Coughing ___ Yes ___ No

Sneezing ___ Yes ___ No

14) Has your pet had any change in activity? _____

15) Has your pet been spayed or neutered? _____

If not spayed, when was the last heat cycle? _____

16) Is your pet on flea/ tick prevention or heartworm prevention? _____

Brand and last dose? _____

17) Has anyone in your home been ill in the last 14-21 days?

18) How would you like to be contacted and receive instructions and paperwork today?

Phone: _____ Email: _____

Print Out: ___ Yes ___ No

19) If an outside prescription is needed, which pharmacy would you prefer? _____