CARDIFF Animal Hospital & Wellness Center

AAHA ACCREDITED — The Standard of Veterinary Excellence

Cat Friendly Practice GOLD — By the American Association of Feline Practitioners

PATIENT CONSULTATION QUESTIONNAIRE

Why is your pet being seen today? *(i.e., vomiting, diarrhea, lethargy, scratching ears, etc.)* _____

How long has the problem been going on? _____

_____

_____

Are you aware of anything that may have caused the symptoms? *(i.e., my pet got into the trash, my pet fell while getting out of the car, etc.)* _____

_____

_____

Is you pet's...

Activity	☐ normal	☐ increased	☐ decreased
Appetite	☐ normal	☐ increased	☐ decreased
Thirst	☐ normal	☐ increased	☐ decreased

Is your pet...

Coughing?	☐ Yes	☐ No	If yes:	☐ clear	☐ productive	☐ other: _____
Sneezing?	☐ Yes	☐ No	If yes:	☐ clear	☐ mucoid	☐ other: _____
Vomiting?	☐ Yes	☐ No	If yes:	☐ food	☐ bile	☐ other: _____
Diarrhea?	☐ Yes	☐ No	If yes:	☐ soft	☐ liquid	☐ bloody ☐ mucoid

Is your pet's mobility *(i.e., any lameness, weakness, dragging toes, etc.)* ☐ normal ☐ abnormal

If abnormal, please describe: _____

Does your pet have...

Any new masses?	☐ Yes	☐ No	If yes, where?:
Any skin lesions?	☐ Yes	☐ No	If yes, where?:

DIET & TREATS

What do you feed your pet *(please provide name brand and formula of diet)*?: _____

Grain-free? ☐ Yes ☐ No Raw? ☐ Yes ☐ No

What is the volume of food you offer per day?_____ How often is your pet fed? ☐ Free fed ☐ 1x/day ☐ 2x/day ☐ Other: _____

What kind of treats do you offer your pet? _____ How often are treats offered? _____

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Page 2

DENTAL CARE

What do you do to help maintain the health of your pet's teeth at home? *(i.e., brushing, dental chews, etc.)* _____

How often? _____

When was your pet's last dental cleaning? _____ Were dental x-rays performed?: ☐ Yes ☐ No ☐ Don't know

MEDICATIONS

Is your pet on any current...

Medications? ☐ Yes ☐ No If yes, please list here: _____

_____

Supplements *(i.e., glucosamine, omega fatty acids, CBD, etc.)*? ☐ Yes ☐ No If yes, please list here: _____

_____

Heartworm prevention? ☐ Yes ☐ No If yes, please list here: _____

Flea and tick prevention? ☐ Yes ☐ No If yes, please list here: _____

OTHER

Percentage of time your pet spends: Indoors?_____% Outdoors?_____%

Has your pet traveled outside the area in the past 12 months? ☐ Yes ☐ No If yes, where? _____

Do you plan for your pet to travel outside the area in the coming 6 months? ☐ Yes ☐ No If yes, where? _____

Pet Insurance? ☐ Yes ☐ No If yes, name of insurance company? _____

**If you are interested, the Cardiff Animal Hospital will submit claims on your behalf. Please provide us with a blank claim form with your pet's information pre-printed on it, and we will fax it in after each visit.*

Are there other pets in the household? ☐ Yes ☐ No If yes, please provide name, species, and age of each: _____

Does your pet have a microchip? ☐ Yes ☐ No ☐ Not sure

If yes, *we will scan it at the time of each examination to ensure it is working.*

If no, *did you know that the new microchips can also provide us with your pet's body temperature?*

ADDITIONAL COMMENTS

_____

_____

_____

_____

_____