

WESTARBOR ANIMAL HOSPITAL

PRE-VISIT QUESTIONNAIRE EXISTING PATIENT

Please email back to westarbor1@tds.net
Or mail back to Westarbor Animal Hospital
6011 Jackson Road
Ann Arbor, Michigan 48103

Owners Name:

Pet's Name:

Appointment Date:

1. Please check any of the following that have occurred within the last month:

- | | | | | |
|--|---|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Gagging |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Licking | <input type="checkbox"/> Lumps | <input type="checkbox"/> Bumps | <input type="checkbox"/> Scooting |
| <input type="checkbox"/> Drinking More | <input type="checkbox"/> Urinating More | <input type="checkbox"/> Inappropriate Urination/ Defication | <input type="checkbox"/> Weakness | |
| <input type="checkbox"/> Appetite Change | <input type="checkbox"/> Sleep Changes | <input type="checkbox"/> Activity Level Changes | <input type="checkbox"/> Limping | |
| <input type="checkbox"/> Soreness or Stiffness After Activity | <input type="checkbox"/> Head Shaking | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Seizure(s) | |
| <input type="checkbox"/> Behavior/ Socialization/ Play Changes | <input type="checkbox"/> Bleeding Gums / Bad Breath | | | |

Please Explain any that you marked above:

2. Has you pet had any recent injuries? YES NO

If so, please explain:

3. Has your pet been examined elsewhere in the past year? YES NO

If so, where, and may we contact them to get the medical information so our records are complete?

4. Please list ANY over the counter medications, supplements, treats, etc that you are currently giving your pet that we may not be aware of?

5. What food are you currently feeding your pet? _____

How much? 1/4 1/3 1/2 3/4 1 _____ cup(s)

Frequency? 1X 2X 3X Daily

6. Is your pet allergic to any pet food, medication, treatment, etc? YES NO

If so, what is the name of the product he/she is allergic to? _____

7. What type of dental care do you do for your pet, and how often? _____

8. How much activity/exercise does your pet get daily? _____

9. Does your pet visit the groomer/boarding facility or dog park? YES NO

10. Do you travel with your pet? YES NO

Will your pet be traveling out of the country? YES NO

Will your pet be traveling on an airplane? YES NO

11. Does your pet have a microchip? YES NO

12. Does your pet wear a collar with tags? YES NO

13. Do you have any behavior concerns you would like to discuss? YES NO

If so, what are they?

14. Are there any other issues you would like to discuss today? YES NO

If so, what are they?

The Doctors and Staff at Westarbor Animal Hospital know that your time is very valuable, and we will do our very best to make sure that your visit with your pet is efficient yet informative and thorough. Our goal is to make sure that all your questions and concerns are met and answered and that we have educated you on and provided you with the very highest standard of care for your canine or feline family member. Please let us know if there is any way we can improve our level of care for your pet.