WESTARBOR ANIMAL HOSPITAL

PRE-VISIT QUESTIONAIRE

NEW 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. How long ago did you acquire this new family member?

2. Have you had any difficulty transitioning your new friend into your home and family?

3. Please check any of the following that have occurred since you've had your new friend:

☐ Coughing	☐ Sneezing	☐ Vomiting	☐ Diarrhea	☐ Gagging
☐ Scratching	☐ Licking	☐ Lumps	☐ Bumps	☐ Scooting
☐ Drinking More	☐ Urinating More	☐ Inappropriate Urination/ Defecation		☐ Weakness
☐ Appetite Change	☐ Sleep Changes	☐ Activity Level Changes		☐ Limping
☐ Soreness or Stiffness After Activity		☐ Head Shaking	☐ Eye Problems	☐ Seizure(s)
☐ Behavior/ Socialization/ Play Changes		☐ Bleeding Gums / Bad Breath		

Please Explain any that you marked above:

4. Has your pet had any recent injuries? ☐ YES ☐ NO
   If so, please explain:

5. 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?

6. Please list ANY over the counter medications, supplements, treats, etc that you are currently giving your pet
   _____
   _____
   _____
   _____

7. Is your pet currently on preventative for heartworm and intestinal parasites?
   Do you give this preventative all year? ☐ YES ☐ NO
8. Do you give your pet any flea preventative? ☐ YES ☐ NO
   If so, what kind?_____

9. 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

10. 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?_____

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

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

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

14. 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

15. Is your cat (circle one) Indoors only Inside/Outside Outside only
    Is your dog (circle one) Indoors only Inside/Outside Outside only

16. Does your pet frequently have contact with other animals? ☐ YES ☐ NO

17. Has your pet had any previous problems/illnesses, treatments and responses that you are aware of that may not be included in their previous health history?: ☐ YES ☐ NO
    If so, please explain:_____
    _____

18. Has your pet been on any previous medications that you are aware of that may not be included in their previous health history?: ☐ YES ☐ NO

    If so, please explain: (please include name, strength and frequency)_____

    _____

    _____

19. Has your pet had any previous surgeries that you are aware of that may not be included in their previous health history?: ☐ YES ☐ NO

    If so, please explain: (please list dates and type)_____

    _____

    _____

20. Does your pet have a microchip? ☐ YES ☐ NO
21. Does your pet wear a collar with tags? ☐ YES ☐ NO
22. Do you have any behavior concerns you would like to discuss? ☐ YES ☐ NO
    If so, what are they?

23. 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.