



Turkeyfoot Family Pet Center Patient History Questionnaire

Date: _____

CLIENT INFORMATION

Client name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Emergency Contact: _____

E-mail (for yearly reminders): _____ How did you learn about us? Yellow Pages Sign Website

Please tell us the name of the person that referred you so that we may thank them: _____

Employer: _____ Telephone #: _____

Driver's License # _____ Date of Birth: _____

PLEASE NOTE THAT PAYMENT IN FULL IS DUE AT TIME OF SERVICE

PET INFORMATION

Pet Name: _____ Gender: *Male Female Neutered/Spayed?* _____

Age or Date of Birth: _____ Breed: _____ Color: _____

How long have you owned your pet? _____ Is your pet: *Indoor Outdoor Both*

Date of last vaccinations: _____ Name of Clinic where they were done: _____

Do you use Heartworm prevention?: _____ What Brand?: _____ Given Year-round? _____

Do you use flea prevention? _____ What Brand?: _____ Given Year-round? _____

Has your pet traveled out of state? _____ Where? _____

List /Describe your other pets: _____

Diet (circle): *Canned Dry Semi-moist Table food* Brand(s): _____

Attitude/demeanor(circle): *Gentle Nervous Hyperactive Requires muzzle Aggressive*

Any known allergy or sensitivity? _____

Medications your pet is currently taking: _____

Please fill out the information below to inform us of changes in your pet:

INCREASE DECREASE

Appetite: _____ Comments: _____

Water intake: _____ Comments: _____

Weight: _____ Comments: _____

Urination: _____ (Circle) *Straining Blood Unusual Odor Vaginal Discharge*

Bowel habits: _____ (Circle) *Straining Diarrhea Tar colored Blood Mucous*

Vomiting: When/How Often: _____ Describe: _____

Coughing: When/How Often: _____ Describe: _____

Sneezing: When/How Often: _____ Describe: _____

Seizures/convulsions: When/How Often: _____ Describe: _____

Changes in walking (Circle): *Lameness Wobbly Arthritis* Other: _____

Skin changes (Circle): *Fleas Itching Redness Rash* Describe: _____

Tumors/Swellings: Location/Describe: _____

Medical Problem(s) (include surgery, trauma, medical conditions... kidney failure, heart failure, etc.)

Current Medical Problem(s) (i.e. why did you bring your pet to see the veterinarian today?)