

## Canine Medical Questionnaire

- Has your pet been eating normally? Yes  No 
  - What diet is your pet currently fed? \_\_\_\_\_
  - How much is fed at each meal (ex: ½ cup): \_\_\_\_\_
  - How often are they fed:
    - Once daily
    - Twice daily
    - Three times daily
    - Other
  
- Has your pet experienced any of the following symptoms:
  - Vomiting? Yes  No 
    - If yes:
      - What is produced when patient vomits (ex: hair, bile, food)? \_\_\_\_\_
      - When was the last time patient vomited? \_\_\_\_\_
      - What is the frequency of episodes? \_\_\_\_\_
  
  - Diarrhea? Yes  No 
    - If yes:
      - When was diarrhea first noted? \_\_\_\_\_
      - Is blood present in stool? \_\_\_\_\_
  
  - Sneezing? Yes  No 
    - If yes:
      - How often:  
\_\_\_\_\_
  
  - Coughing? Yes  No 
    - If yes:
      - How often:  
\_\_\_\_\_
  
- Has your pet been urinating normally? Yes  No
  
- Is your pet currently on a monthly heartworm preventative? Yes  No
  
- Is your pet currently on a year round flea and tick preventative? Yes  No

- Please list any medications or supplements your pet currently takes, please include frequency and strength:

---

---

---

---

---

- Do you have any other concerns or questions for today's visit? Yes  No 
  - If yes, please list below so the doctor can discuss further during your pet's exam:

---

---

---

---

---

---