

COLLEGE MALL VETERINARY HOSPITAL

SENIOR EXAM QUESTIONNAIRE

CLIENT: _____ PHONE: _____

PET'S NAME: _____ DATE: _____

- | | | Y | N |
|-----|---|--------------------------|--------------------------|
| 1. | Has your pet been eating well ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Is litterbox use <u>or</u> house training consistent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Has your pet been having trouble with stiffness , a limp, or getting up after lying down? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Does your pet have trouble with his/her teeth , or bad breath? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has there been any diarrhea or vomiting ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Has your pet's activity level changed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Is your pet's weight going up or down?
Gaining <input type="checkbox"/> Losing <input type="checkbox"/> Losing, but on a weight loss diet <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | What type of food does your pet eat now? _____ | | |
| 9. | Has your pet been drinking more water lately?
Has your pet been urinating more lately?
(If yes to either question, we may request a urine sample. Ask our employee.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Are there any lumps for us to check?
If yes , where are they and are they new ? _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Does your pet live indoors <input type="checkbox"/> indoor/outdoor <input type="checkbox"/> outdoor only <input type="checkbox"/> | | |
| 12. | Are there any flea/tick problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. | What heartworm preventative are you using for your pet? _____
Do you give heart worm preventative 12 months a year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. | Are you planning to travel (domestic or international) with your pet within the coming year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | Is there anything else we should know about your pet's health?

_____ | | |

ASK ABOUT OUR ADULT WELLNESS TESTING PROGRAMS