

CURBSIDE CARE - Pet Health Questionnaire

Thank you for allowing us to care for your pet! Please complete this form prior to your pet's appointment. This helps us move more efficiently through our curbside appointments. Please note that not having this completed prior to your appointment may delay your appointment.

THIS FORM DOES NOT SIGINIFY CHECKING IN FOR YOUR APPOINTMENT. THIS IS A HISTORY FORM ONLY. YOU MUST STILL CALL OR TEXT WHEN YOU ARRIVE FOR YOUR APPOINTMENT THE DAY OF.

Owner's Name *	
First Name Last Name	
Pet's Name *	
Choose One *	
Canine	Feline
Choose One	
Male	Female
Is your pet Spayed/Neutered	
Yes	No
When was your pet's last heat cycle?	

Has your pet been expo	osed to un-neute	ered males?	
Yes		No	
ls your cat:			
Indoor	Outdoo	or	Indoor/Outdoor
Does your pet have any Aggression, Cat Aggre		rns we should be aware o	of? (Fearful, Bite Risk, Dog
Yes		No	
Please describe behav	ior:		
Reason For Visit:			
Choose One			
Your Pet's Histor	y		
	h as duration of s	symptoms, change in sympt	s to describe what is abnormal oms or any other pertinent
Please tell us about you	ur pet's normal b	ehaviors:	
Norm	al Abnormal	Symptom Description	Duration of Symptoms
Energy Level			
Appetite			
Thirst			
Urination			
Defecation			

Additional Comments:

As your pet had any of the f	ollowing	:		
	No Yes	When did you first notice symptoms?	How Often is pet having symptoms?	
Sneezing?				
Coughing?				
Vomiting?				
Diarrhea?				
Itching?				
New/Changing				
Lumps/Bumps?				
Did your pet get into anything that could have cause symptoms (new food, new treats, toys, medications/supplements, eating inappropriate things etc)				
What brand of pet food do y	ou feed	, how much and how often: *		

No Yes To what has your pet reacted to?

Has your pet had any of the following:

What were the symptoms?

Any Adverse Vaccine Reaction?		
Any Adverse Medication Reaction?		
Any Adverse Anesthesia Reaction?		
Additional Notes		
Are there any other concerns/problems that you would like the doct	or to address t	oday? *
While your pet is here with us today, would you like us to update:	No	Yes
Nail Trim		
Express Anal Glands		
Microchip		
Do you have an additional pet you would like to submit history for?		
Yes		
No		
Additional Pet Medical History:		

Pet's Name			
Choose One			
Canine	Feline		
Choose One			
Male	Female		
Is your pet Spayed/Neutered			
Yes	No		
When was your pet's last heat cy	ale?		
Has your pet been exposed to un	-neutered males?		
Yes	No		
Is your cat:			
Indoor	Outdoor Indoor/Outdoor		
Does your pet have any behavior concerns we should be aware of? (Fearful, Bite Risk, Dog Aggression, Cat Aggression etc)			
Yes	No		
Please describe behavior:			
Reason For Visit:			
Choose One			

Your Pet's History

Please tell us about your pet's normal behaviors:

If you mark abnormal on any item, please use the box below the tables to describe what is abnormal. Please include items such as duration of symptoms, change in symptoms or any other pertinent information you can think of. More information is always better!

	Normal	Abnormal	Symptom Description	Duration of Symptoms
Energy Level				
Appetite				
Thirst				
Urination				
Defecation				
Additional Comn	nents:			
As your pet had	any of the	following:		
,	·	_	nen did you first notice mptoms?	How Often is pet having symptoms?
Sneezing?				
Coughing?				
Vomiting?				
Diarrhea?				
Itching?				
New/Changing				
Lumps/Bumps?				

Did your pet get into anything that could have cause symptoms (new food, new treats, toys, medications/supplements, eating inappropriate things etc)

What brand of pet food do you fe	eed, how r	nuch and how often: *	
Has your pet had any of the follo			
	No Yes	To what has your pet reacted to?	What were the symptoms?
Any Adverse Vaccine Reaction?			
Any Adverse Medication Reaction?			
Any Adverse Anesthesia Reaction?			
Additional Notes			
Are there any other concerns/problems that you would like the doctor to address today? *			

While your pet is here with us today, would you like us to update:

Do you have an additional pet you would like to submit history for?

Yes

No

Financial Responsibility: Our office accepts AMEX, Discover, Google/Apple Pay, Visa, Mastercard and CareCredit, along with cash and checks. Full Payment is due at the time of service. Clients with payment concerns are asked to speak to a team member before their exam. We are happy to discuss all charges and provide a written estimate for care prior to services. We offer 6 months, deferred interest financing via CareCredit for clients in need of a credit plan. No other payment plans are offered at this time. We are not required to adhere to any estimates given over the phone prior to your appointment. We will honor estimates less than 30 days old and provided in writing from our office. *

I have read and understand the above terms

As a precaution due to risks associated with COVID-19 our practice is currently operating by curbside care only. This means no clients are to enter the building at any point. Please ensure that you have a charged cell-phone for communications with the care team while your pet is in the building. If you do not wish to keep your appointment please call the office ASAP to cancel. We do charge fees for no-show and same day cancellations. *

I have read and understand the above terms.

Typed Name as Signature *

Date *

Month Day Year