

MORTON SMALL ANIMAL CLINIC

GENERAL QUESTIONNAIRE

**Since your pet can't talk, please fill out this form completely.
The diagnosis largely depends on a complete history and thorough physical exam.**

Date _____ - _____ - _____

Owner's Name _____

Contact Phone _____

Pet's Name _____

Age _____

Is your pet's appetite normal? _____ Is your pet drinking water? _____

Is your pet as active as normal? _____

Is your pet vomiting? _____ Does your pet have diarrhea? _____

Have you noticed any unusual lumps/bumps on your pet? _____ Where? _____

Are your pet's vaccinations current? _____ When were they last given? _____

Is your pet currently on heartworm preventative? _____ When was it last given? _____

When was your pet's last test for heartworm disease? _____

What flea preventative do you use on your pet? _____

What is your pet's diet? _____

Do you have other pets that live with this pet? _____

Is your pet around any non-family pets? _____ Where? _____

Have you noticed any change in the frequency of urination in your pet? _____

Is your pet kept in a fenced in area or allowed to roam freely? _____

Does your pet have any pre-existing conditions? _____

Is your pet currently on any medications?*

*Provide full list of medications (prescription and over the counter) on the back of this sheet.