

History Questionnaire



Environmental and Dietary History:

1. My pet is indoors: always / almost always / half of the time / seldom / never
2. Has your pet ever traveled or lived outside of western Washington? YES / NO

When and where? _____

3. What type of food do you normally feed? Canned / Raw Diet / Dry (kibble)

What brand? _____

Treats / People Food / Nutritional Supplements _____

4. How old was your pet when obtained? _____ Obtained where? _____

Medical History:

1. Date of last rabies vaccine: _____ If unsure of date, given within past year? YES / NO
2. Spayed/neutered at what age? _____
3. Has your pet ever had a bad reaction to a medication or anesthesia, or have any known allergies?
YES / NO If yes, to what? _____

4. Please list all current medications, including eye, ear or skin treatments, "itch pills" or pain killers.
Please also note the dose and when last administered. _____

5. Has your pet ever had dentistry or any surgery besides neutering or spaying? YES / NO

If yes, what and when? _____

6. Besides the current problem, has your pet had any other serious illness or been injured in the past?

YES / NO If yes, what and when? _____
