

**THIBODEAUX ANIMAL HOSPITAL
PATIENT VISIT QUESTIONNAIRE**

Date _____ Client _____ Patient _____

Please circle or write in your answers:

Reason for Today's Visit:

Illness/Injury
Surgery

Puppy Vaccinations
Grooming

Annual Checkup and Vaccinations
Wormchecks

Dentistry
Other

If ill, describe the problem(s):

How long has the problem(s) been going on?

If not given here, when were your pet's last vaccinations?

Is your dog on heartworm preventative?

Appetite: Normal Decreased Not eating at all

For how long?

What type of food are you feeding?

Any recent change in diet?

Any table food?

Any recent weight loss? or significant weight gain?

Water Intake: Normal Increased Decreased

If other than normal, when did you notice a change?

Urination: Normal Increased Decreased Abnormal Urine (blood, etc.)

If other than normal, when did you notice a change?

How is it abnormal?

Any straining to urinate? Any Dribbling?

Energy: Normal Decreased

If decreased, when did you notice a change?

Stool (Bowel Movements): Normal Diarrhea Constipation

If not normal, when did you notice a change?

Any blood noted?

Any worms in stool? If so, describe.

Any Vomiting? If yes, how long? How many times?
What was vomited? Last time vomited?

Any Coughing? Gagging? Sneezing?

Hairloss? Scratching? Shaking Head/Scratching Ears? Sores?

Bad Breath?

Lameness? Which leg(s) How long?
Any known injury?

If this is a new patient for us, any previous health problems we should be aware of?

**If you are dropping off your pet, please provide phone numbers to contact you if needed:
or if more convenient, when will you call or return to our office?**

If you are dropping off your pet, a deposit may be required before leaving your pet.