



Winrock

ANIMAL CLINIC, P.C.

6415 San Felipe I
Houston, TX 77057
Phone: (713)785-5551
Fax: (713)783-2734

Owner's/Guardian's Name _____ Pet's Name _____

Healthy Pet Questionnaire

1. What is the reason for your visit today? _____
2. Is your pet on any flea/heartworm prevention? If yes, what kind and when was it last applied?

3. Does your pet have any new lumps/bumps/growths? If yes, where? _____
4. Has your pet's appetite been normal? _____
5. What is your pet's current diet? (be specific) _____
6. On a 1-5 scale (1 being emaciated, 3 being ideal, 5 being obese) where do you feel your pet's body appearance/weight is? _____
7. What is your pet's water intake like? Has it changed recently? _____
8. Where is the primary location for elimination? _____
9. Have your pet's bowel movements been normal? _____
10. Where does he/she normally urinate? Has it been normal? _____
11. Does your pet ever eliminate in a location (s) where he/she has been sleeping? _____
12. Any coughing or sneezing? If yes, how often, and when does it occur? _____
13. Any vomiting? If yes, how often, and what does it look like? _____
14. Does pet seem to be experiencing any type of pain or discomfort? If yes, on a scale of 1-10, how severe?

15. Has pet's activity level been normal lately? _____
16. Does pet seem to have any trouble getting up or walking recently? _____
17. Is your pet kept indoors, outdoors, or both? _____
18. Does your pet have any known allergies? _____
19. Has your pet been away from its normal environment, or been around any new animals recently?

20. Has this pet had obedience training? Y/N Class setting Private Instructor I trained my pet at home
21. Have you noticed any deficits in your pet's senses? If yes, please describe: _____

22. Is your pet currently on any medications? If yes, please list: _____

23. Do you have any general concerns about pet? _____
24. When was your pet last vaccinated? _____