



# Winrock

## ANIMAL CLINIC, P.C.

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Owner's/Guardian's Name \_\_\_\_\_ Pet's Name \_\_\_\_\_

### Healthy Puppy/Kitten Questionnaire – First Visit

1. What is the reason for your visit today? \_\_\_\_\_
2. Where did you get your pet from? (i.e. shelter/rescue, breeder, newspaper, etc.) \_\_\_\_\_
3. How long have you had your pet? \_\_\_\_\_
4. Has your pet had any vaccines or dewormings yet? \_\_\_\_\_
5. Where will your pet live primarily? (indoors or outdoors) \_\_\_\_\_
6. Where will pet be kept while you are not home? \_\_\_\_\_
7. Has there been any coughing or sneezing noticed? If yes, how often? \_\_\_\_\_
8. Has there been any discharge from the eyes or nose? \_\_\_\_\_
9. What is your pet's water intake and appetite like? \_\_\_\_\_
10. What diet are you feeding your puppy/kitten? (be specific, include any treats, rawhides/pig ears, or table food given) \_\_\_\_\_
11. 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? \_\_\_\_\_
12. How many times a day are you feeding your pet, and how much is given per feeding? \_\_\_\_\_
13. Has your pet been to any new environments or around any new animals recently? \_\_\_\_\_
14. Any diarrhea or loose stool? If yes, describe. \_\_\_\_\_
15. Any vomiting? If yes, describe what it looks like, and how often it occurs. \_\_\_\_\_
16. Has your pet been urinating normally? \_\_\_\_\_
17. What is your pet's activity level like? \_\_\_\_\_
18. Does your pet have any behavioral issues you'd like to address? \_\_\_\_\_
19. Is pet enrolled in any training classes or do you intend to enroll them in the future? \_\_\_\_\_
20. Has your pet been started on any flea or heartworm medications? If yes what kind, and when was it applied? \_\_\_\_\_
21. Does your pet have veterinary insurance? \_\_\_\_\_
22. Does your pet have any known allergies, or any previous medical issues? List: \_\_\_\_\_