

PATIENT QUESTIONNAIRE

PERSONAL INFORMATION

Phone Number : _____ **Email** : _____

Full Name : _____ **Patient name** : _____

Species : _____ **Gender (circle one)** : Male Male neutered Female Female spayed

DOB or Age : _____ **Breed** : _____ **Color** : _____

Does your pet do better with male or female employees? : Males Females Either _____
****Please specify doctor and technician****

Are there any areas your pet does not like touched? : No Yes, please explain: _____

Reason for visit and presenting concerns (if any) : _____

How long has your pet been experiencing these symptoms? : _____

Have you tried any home treatments? : No Yes, please explain: _____

DIET AND MEDICATIONS

Any change in diet or access to foods other than recommended pet food? : No Yes, please explain: _____
Any consumption of foreign materials?

Current diet and amount : _____
(including treats/people food)

Current medications and flea/tick/heartworm preventions : _____
(including over the counter and supplements)

****Please provide dosage and frequency****

PATIENT QUESTIONNAIRE

PATIENT BEHAVIOR

Appetite : Increased Normal Decreased

Sneezing? : No Yes

Water Intake : Increased Normal Decreased

Coughing? : No Yes

Urinary Habits : Increased Normal Decreased

Vomiting? : No Yes

Lethargy? : No Yes

Diarrhea? : No Yes

Please provide the duration along with a brief description of any behavioral changes mentioned above : _____
(i.e contents of vomit, color of diarrhea, etc.)

PRE-EXISTING CONDITIONS AND PRIOR RECORDS

Any allergies or prior reactions? : No Yes, please explain: _____

Any pre-existing conditions? : No Yes, please explain: _____

Please provide the clinic name and contact information to obtain any prior medical records
(including any specialty or emergency clinics)

Name

Phone number

Name

Phone number

CONSENT FOR TREATMENT


I authorize Guardian Veterinary Medical Center to give treatment to the above named animal. I authorize them to obtain all prior medical records regarding my pet. I assume full financial responsibility and *understand* that professional fees are due at the time services are rendered. By signing below, I certify that I have read and understand the above information and that all information listed above is true.

Signature



For any questions:

 415 NW California Blvd, Port St. Lucie, FL 34986

 (772) 631-3119

 <https://www.guardianveterinary.com/>

THANK YOU!