

# Grafton Animal Hospital Health Questionnaire

To help us make the proper recommendation to you concerning your pet's health care needs please complete the following questionnaire.

Pet's name: \_\_\_\_\_ Date: \_\_\_\_\_

## A) Lifestyle Circle your best response:

1. **If you are new to our practice** do you have specific knowledge regarding previous vaccinations (dates and specific vaccines given)?    **Yes**    **No**    **N/A**
2. Please list the name and city of your previous veterinary clinic: \_\_\_\_\_
3. I have the following number of pets: **Dogs-**\_\_\_\_; **Cats-**\_\_\_\_; **Birds-** \_\_\_\_; **Other:** \_\_\_\_\_
4. My pet (cat or dog) lives: **inside 100%**    **mostly inside**    **mostly outside**
- Please** 5. My indoor pet (cat or dog):    **never goes outside**    **goes outside only on rare occasions**
- Circle** 6. My pet and I live in:    **urban single family home**    **countryside**    **apartment or condominium**
- Y / N** 7. My pet (cat or dog) has access to common ground area such as that adjacent to a subdivision, an apartment or condominium, school yard, etc.
- Y / N** 8. I take my pet (dog) on hiking, camping or hunting trips
- Y / N** 9. I travel with my pet in car or plane
- Y / N** 10. I take my pet to boarding, bathing, grooming, obedience facilities, or pet stores
- Y / N** 11. I show my pet in confirmation, obedience, agility, hunting competitions.
- Y / N** 12. I am considering an acquisition of a new pet.
- Y / N** 13. I have concerns about contagious disease in neighbor's pets
- Y / N** 14. I have young children in the household

## B) Owner's Observations: Have you noticed any of the following (Please circle the best answer)

- Y / N** 1. My pet is on heartworm preventative. If yes, how often is it given? \_\_\_\_\_
- Y / N** 2. Weight changes?
- Y / N** 3. Changes in appetite?
- Y / N** 4. Drinking more or less than normal? ↑ ↓
- Y / N** 5. Urinating more or less than normal? ↑ ↓
- Y / N** 6. Lameness (limping) or Tenderness?
- Y / N** 7. Digestive upsets? (If yes, circle type: Vomiting, Diarrhea, Flatulence)
- Y / N** 8. Hair Coat Changes?
- Y / N** 9. Eye discharges or changes?
- Y / N** 10. Sneezing, Coughing, or Drooling?
- Y / N** 11. Scratching, licking, Rubbing, or Scooting?
- Y / N** 12. Ear Discharge, Ear Odor, Head Shaking, or Ear Scratching?
- Y / N** 13. Bad breath or other odors?
- Y / N** 14. Changes in sleep patterns?
- Y / N** 15. Changes in exercise tolerance, agility, or ability to move around? **(If YES – continue to section C-a )**
- Y / N** 16. Behavior Changes or Issues? (If Yes, circle type: Excessive barking, Destruction of property, Aggression/Fighting, House Soiling, Other: \_\_\_\_\_ ) **(If YES – continue to section C-b )**
- Y / N** 17. Do you have any other concerns you would like to discuss with the doctor today?

**ALL SENIORS CONTINUE TO SECTION C (on back of page)**

### **C) Seniors ( 7 years of age and older)**

#### a) Changes in exercise tolerance, agility, or ability to move around

- Y / N** 1. Reluctant to go up or down stairs?
- Y / N** 2. Has difficulty jumping into cars or on furniture?
- Y / N** 3. Lags behind or tires easily during walks?
- Y / N** 4. Experiences increased stiffness, especially after resting?
- Y / N** 5. Limpes after strenuous exercise?
- Y / N** 6. Has difficulty rising, sitting, or squatting to eliminate?
- Y / N** 7. Prefers lying to sitting or standing?
- Y / N** 8. Is restless or has insomnia?
- Y / N** 9. Whimpers, growls or snaps when touched?
- Y / N** 10. Any Tremors or Shaking?

#### b) Behavior Changes

- Y / N** 1. Disorientation (circle): wanders aimlessly, gets lost or confused in the house or yard, stares into space, doesn't respond to you or respond to their name, gets stuck in corners or behind furniture, stands at wrong door or wrong side (hinge side) of door
- Y / N** 2. Decreased interaction with family members (circle): seeks attention less, turns away while being petted, less enthusiasm upon greeting or failure to greet family members
- Y / N** 3. Activity and sleep changes (circle): wanders or paces, sleeps more during the day and less at night
- Y / N** 4. Loss of housetraining (circle): urinates or defecates indoors, has accidents indoors soon after being outside, not asking to go outside