

Pet Health Questionnaire

We believe the right information is the key to continued health for your pet. Please take a moment to answer the following questions and we will discuss your answers with you during your appointment.*

Date: _____

Pet's name: _____ Age: _____

1. What food are you currently feeding your pet? _____ Canned Dry
2. How much do you feed your pet each day? Canned: _____ Dry: _____
3. What type of treats do you give your pet? _____
4. Has your pet displayed any of the changes listed below? If yes, mark all that apply
Weight: Losing Gaining Eating: Less More Drinking: Less More
5. Do you know your pet's ideal weight? Yes No
6. How much activity time (playtime, walks) does your pet get each day?
 More than twenty minutes About twenty minutes Less than twenty minutes
7. Does your pet have difficulty with any of the following (mark all that apply)
Joint Health: Trouble getting up
 Climbing stairs
 Jumping
 Walking and running
Oral Health: Bad breath
 Difficulty eating
 Tooth loss
 Bleeding gums
 Yellow or brown tartar on teeth
Digestive Health: Change in appetite
 Flatulence
 Vomiting or diarrhea
 Constipation
Skin & Coat Health: Itching, scratching, or licking
 Red patches or spots
 Hair loss
 Flaky or scaly patches
 Bad skin odour
Behaviour Changes: House-soiling accidents
 No longer greets family members
 Sleeps more during the day or less at night
 Wanders or paces
Urinary Health: Straining when urinating
 Increased frequency of urination
 Urinating in unusual places
8. Are you concerned about any of these areas as your pet ages? (mark all that apply)
 Joint Health Behaviour Changes
 Oral Health Urinary Health
 Digestive Health Weight Conditions
 Skin & Coat Health
9. Other comments: _____

Better information. Better nutrition. Better health.



CANADIAN VETERINARY
MEDICAL ASSOCIATION

L'ASSOCIATION CANADIENNE
DES MÉDECINS VÉTÉRINAIRES

A PDF of this form is included on the Pet Health and Nutrition Reference Guide CD and is also available for download at www.canadianveterinarians.net.

*This form contains privileged information that is intended only to enable this clinic to provide better treatment for its patients. Any personal information collected will not be shared without permission.

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