



Merquiose Animal Hospital

Exam Questionnaire



Owner's Name: _____ Pet's Name: _____ Date: _____

Address / Phone # / Email (if changed) _____

Primary Reason for Today's Visit: _____

Your pet has aged 7 human years over the past year! These questions are very important in order for us to keep up with, and better understand your pet's medical history. Thank you for helping us care for your special family member.

Has your pet had any recent medical problems?	Yes	No	_____
Does your pet have any chronic medical problems?	Yes	No	_____
Does your pet have any known allergies?	Yes	No	_____
Has your pet traveled out of the area?	Yes	No	_____

Has your pet shown any of the following symptoms or signs?

Bad breath / body odor?	Yes	No	Head shaking?	Yes	No
Coughing / sneezing / wheezing?	Yes	No	Itching / scratching?	Yes	No
Vomiting / diarrhea?	Yes	No	Poor hair coat / hair loss?	Yes	No
Cats: vomit more than 2x/month?	Yes	No	Skin problems?	Yes	No
Scotting on rear end?	Yes	No	Lumps / bumps?	Yes	No
Lameness / stiffness?	Yes	No	Tremors / seizures?	Yes	No
Listlessness / Weakness?	Yes	No	Unusual discharge (ear / eye / etc.)?	Yes	No
Gagging / choking?	Yes	No			

Has there been any change in your pet's...

Bowel movements?	Yes	No	Appetite?	Yes	No
Frequency or amount of urination?	Yes	No	Water drinking?	Yes	No
Weight (loss / gain)?	Yes	No	Behavior?	Yes	No

Would you like your pet's nails trimmed today (\$12.80)? Yes No

FOR OFFICE USE ONLY

Brand of food being fed: _____ Canned / Dry / Both Treats given? _____

Is the pet taking any Rx / OTC drugs / herbal remedies? Yes: _____ No

Does the pet frequent a boarding kennel / groomer / day care / socialize with other pets? Yes / No

Microchip present? Yes: _____ No, give microchip brochure.

Heartworm Preventative / DW: _____ No, give CAPC & Trifexis brochures.

Flea Control: _____

Refills Needed: _____

Other: _____