

**NEW PATIENT QUESTIONNAIRE**

Is your pet typically people aggressive? Yes No

Does your pet do better with: Men Women Doesn't matter

Has your pet ever shown signs of vaccine reaction? Yes No

Does your pet show aggression towards other pets? Yes No

If yes, specify species \_\_\_\_\_

Does your pet have a history of eating things it shouldn't (i.e. trash, clothes, strings)? Yes No

Does your pet have any areas it may not like to be touched (i.e. feet, ears, mouth)? Yes No

If yes, please specify \_\_\_\_\_

What brand of food is your pet's main diet? \_\_\_\_\_

Is your pet on any long-term medications for a previous diagnosis? Yes No

If yes, please specify diagnosis and medication name, strength, and instructions (if more room is needed use back of paper):

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other pets that we have not seen? Yes No If yes, specify species \_\_\_\_\_

**Feline patients only for next 3 questions:**

Is your cat: Indoor only Outdoor only Both

Does your cat go out onto a screened in porch? Yes No

Is your cat declawed? Yes No If yes: Front only Front & Back

Anything else you would like us to know about your pet please specify below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_