

**Southside Animal Hospital**  
**59 E. Avenue L ♦ San Angelo, TX 76903 ♦ 325-653-0113**

**Client:** \_\_\_\_\_ **Patient:** \_\_\_\_\_

In our efforts to provide your pet with optimal care, it is important that our veterinarians have the proper information to determine diagnosis and treatment. Since you will not be present to answer questions about your pet today, we appreciate your time to complete this questionnaire, so we can provide you with the best service. Please circle or write in the answer that best describes your pet.

1) My pet is: here for a wellness visit / having a problem.

2) My pet is currently taking the following medications (including heartworm prevention, flea/tick prevention, over-the-counter medications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If patient is not having a problem skip to #6**

3) This problem has been going on for \_\_\_\_\_ days / weeks / months or since \_\_\_\_\_

4) Briefly describe the problem (cough, urination problem, vomiting, diarrhea, limping, scratching, crying, wound, mass, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Is the problem: better / worse / same as when it started?

6) My pet eats \_\_\_\_\_ food (name) , \_\_\_\_\_ cans / cups of \_\_\_\_\_ food \_\_\_\_\_ times per day. How long has it eaten this diet? \_\_\_\_\_

7) When was the last time your pet ate? \_\_\_\_\_

8) Has your pet's weight recently: increased / decreased / stayed the same

9) Has your pet's appetite: increased / decreased / stayed the same / unsure

10) Has your pet's water intake: increased / decreased / stayed the same / unsure

11) Have your pet's urinations been: increased / decreased / stayed the same / unsure

12) Have your pet's urinations appeared: normal / dark / bloody / bad odor / unsure

13) Have your pet's bowel movements appeared:  
normal / loose / discolored / bloody / mucus / worms / unsure / other; please describe:  
\_\_\_\_\_  
\_\_\_\_\_

14) Has your pet had any vomiting? Yes / No If yes, what does it look like and how often does it happen & when was the last time?  
\_\_\_\_\_

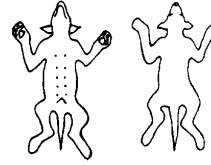
15) My pets activity/energy level has: increased / decreased / remained the same

16) Have there been any recent changes in your pet's routine (such as new household members, schedule changes, food change, guests, trash ingestion, new treats) within 1-2 weeks before the problem began?

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17) Please circle the area you are concerned about on the picture:



18) Is your pet: indoor / outdoor / both

**If your pet has only ever been seen at Southside skip to # 22**

19) When, if ever, was the last time your pet received vaccinations? \_\_\_\_\_

20) When, if ever, was your pet's last heartworm or Felv/Fiv test? \_\_\_\_\_

21) When, if ever, was your pet's last fecal examination? \_\_\_\_\_

22) Does your dog go to a groomer, or other places where dogs gather, such as obedience classes, dog shows or play dates? Yes / No

23) Does your dog live on or visit farms, ranches, wilderness areas or other places where it may come into contact with rattlesnakes? Yes / No

24) Does your cat socialize with any outdoor cats? Yes / No

25) Is there any other information you would like the doctor to know about your pet? \_\_\_\_\_

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I can be contacted at \_\_\_\_\_. In the event that I cannot be reached:

(please select one of the following options)

I authorize only an exam until I can be reached.

I authorize any diagnostics and treatment needed in the event of an emergency.

I authorize only initial diagnostics (bloodwork, x-ray(s), urinalysis, cytology, eye package) so the doctor has more information when I am contacted.

If I am unavailable, I authorize the following person(s) to make treatment decisions. I understand that this does not relieve me from all costs of service.

\_\_\_\_\_  
Name of Responsible Party/Parties

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Owner/Responsible Party Signature

\_\_\_\_\_  
Date