

# Ralston Vet Wellness Questionnaire

Client Name:

Patient Name:

Date:

**Please evaluate and circle appropriate answer.**

Is your pet kept primarily:      Indoor              Outdoor              Both

I feed my pet              Canned              Dry              both              Brand

How much?                              How often?

Has this changed from last year?              Yes              No

Does your pet get treats and/or table food?              Yes              No

If yes, what and how much?

Are there any changes to your pet's eating or drinking habits?              Yes              No

If yes, please explain

Has your pet had              vomiting              diarrhea              both              none              How often?

Has your pet had accidents in the house?              Urine              Bowels              Both              Neither

How often? (daily, weekly, extremely rare)

If your pet is a cat, have there been any other changes in litter box habits?              Yes              No

If yes, please explain

Has your pet had any coughing or breathing problems?              Yes              No

Has your pet had any seizures?              Yes              No

Is your pet limping, stiff, sore or have any changes in motion?              Yes              No

If yes, please explain

Have you noticed any lumps or bumps on your pet?              Yes              No

If yes, please explain

Have you noticed any change in skin or hair coat?              Yes              No

If yes please explain

Have you noticed that your pet has bad breath?              Yes              No

Have you noticed any change in your pet's behavior or attitude?              Yes              No

If yes please explain

Is your pet currently taking any medications? (Prescriptions, over the counter medications, herbal supplements, heartworm, flea, tick & internal parasite prevention) If yes, please list them.

Has your pet ever had any reactions to medications or vaccines?              Yes              No

Explain other medical history we are not aware of:

Please print this form and present it at time of check in