Patient Questionnaire

1350 Kootenay Street, Vancouver, BC, V5K 4R1
Phone: 604-473-3605 Fax: 604-473-3620

Today's Date ☐

Please complete all of the following

When was the last time your pet had any food? ☐ Last dental cleaning? ☐

Does your pet have any food or drug allergies? ☐ Yes ☐ No

If yes please list all allergies ☐

Is your pet currently taking any medications or supplements? ☐ Yes ☐ No

Product name		Dose	
Product name		Dose	
Product name		Dose	
Product name		Dose	
Product name		Dose	

Has your pet received any medications or supplements before being dropped off today? ☐ Yes ☐ No

Product name		Dose	
Product name		Dose	
Product name		Dose	
Product name		Dose	
Product name		Dose	

Question	Yes	No
Does your pet have bad breath?	☐ Yes	☐ No
Does your pet drool?	☐ Yes	☐ No
Does your pet appear in pain while eating?	☐ Yes	☐ No
Heart Disease	☐ Yes	☐ No
Liver Disease	☐ Yes	☐ No
Seizure Disorders	☐ Yes	☐ No
Kidney Disease	☐ Yes	☐ No
Breathing Difficulty	☐ Yes	☐ No
Diabetes	☐ Yes	☐ No
Is your pet a show or working animal?	☐ Yes	☐ No

Special considerations, questions, comments or concerns

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