

Rainbow Animal Hospital
Patient Environment/Activity Survey

Date: _____
Patient: _____

A thorough examination annually, coupled with appropriate vaccination against contagious disease and testing for internal parasites are crucial in maintaining your pet's good health. Please answer the following questions so that we may tailor your pet's vaccinations to their individual needs.

- How frequently do you board your pet? _____
- How frequently do you have your pet professionally groomed? _____
- How often does your pet attend daycare or the dog park? _____
- Does your pet accompany you to places where ticks may be present?.....Yes / No (mountainous or wooded areas, areas where deer are present, etc.)
- Has your pet ever had a reaction to any vaccine.....Yes / No
- Do you anticipate traveling with your pet outside of Las Vegas?.....Yes / No
If so, where & when: _____
- Are you interested in receiving information about pet insurance.....Yes / No
- List any oral health care products that you use for your pet at home: _____
- Are you interested in any additional services? (such as a microchip or nail trim?)
Please list: _____
- Please list any other concerns that you have regarding your pet: _____

Pets age much more rapidly than humans, so early detection of manageable health conditions is extremely important. If your pet is a senior (over 7 years of age) and is experiencing one or more of the following signs, a blood panel and urinalysis may be recommended. Please take a moment to let us know if you have noticed any of the following:

- Change in water consumption.....Yes/No
- Change in appetite.....Yes/No
- Lethargic or depressed.....Yes/No
- Increased urine production.....Yes/No
- Constipation.....Yes/No
- Change in attitude/irritability.....Yes/No
- Change in sleeping patterns.....Yes/No
- Noticeable decrease in vision..... Yes/No
- Vomiting or diarrhea.....Yes/No
- Stiffness, trouble jumping or walking.....Yes/No
- Weight gain or loss.....Yes/No
- Bad breath or drooling.....Yes/No
- Lumps and bumps on skin.....Yes/No
- Breathing heavily or rapidly at rest.....Yes/No

Phone number to reach you today _____