

Client Chart Number: _____

Rainbow Animal Hospital Health Questionnaire- please answer the following questions to help us better assess your pet's problem today.

Everything was okay with my pet until _____

Since then... _____

My pet is lethargic: yes/no When was this first noticed? _____

Water intake: decreased _____ increased _____ same _____

My pet has not eaten since: _____

I last offered food to my pet: _____

My pet has started vomiting: yes/no When? _____

What color? _____ What substance? _____

How often and when was the last time? _____

My pet has normal stools: yes/no What do they look like? _____

My pet started having diarrhea: yes/no When? _____

What color? _____

What consistency? _____

Any blood/mucous? Yes/no

My pet has been straining to have a BM: yes/no how often? _____

What brand and variety of food do you normally feed? _____

What treats or other things does your things does your pet eat? _____

Does your pet chew on toys, sticks, rocks, etc? _____

Have you changed your pet's food recently? Yes/no

If yes please specify _____

My pet has lost _____ or gained _____ weight.

Is your pet coughing/gagging or sneezing? Yes/no If so which and how often?

Has your pet travelled outside of Las Vegas recently? Yes/no If so, where? _____

Phone number to reach you today: _____