

**Animal Hospital of Melissa
Pre-Exam Questionerre**

In preparation for your pet's visit with us, please answer the following questions and return to us prior to your appointment or bring to your appointment with you:

Date: _____ Patient's Name: _____
Client's Name (first & last): _____

1. **What are we seeing your pet for?**
 - a. If annual or 6 month check-ups, do you have any concerns or questions?
 - b. What are your main goals for your appointment (i.e. establish care, update vaccines, find source of an illness/concern, discuss continued care/overall health)?
2. **Does your pet experience anxiety or fearful behavior at the vet/outside of their normal environment or away from you?**
 - a. If you answered yes, it's okay, we don't like going to the doctor either. Please reach out to our team to see how we may be able to make your pet's visit less stressful for them AND you.
3. **Is your pet eating and drinking normally?**
4. **Are they urinating and defecating with normal frequency and appearance to the urine and stool?**
5. **Have you noted any vomiting or diarrhea?**
6. **What food are you feeding and is it canned or dry?**
 - a. Is their diet cooked/processed? Does diet contain grains?
 - b. How much do you give with each feeding?
 - c. How often are you feeding or does your pet always have food down?
 - d. Any treats or people food?
7. **Have you noticed any change in your pet's activity level or the things they like to do?**
8. **Does your pet have any continuous health problems or long term conditions?**
9. **Is your pet currently taking any medications or supplements (including heartworm, flea and tick prevention)?**
 - a. List all medication/supplement names, strength, the amount you give, the frequency you give and how you give it (i.e. orally, topical, in ears, etc)
10. **Has your pet had reactions to vaccines or medications in the past? If yes, what did they react to and what were their reaction symptoms?**
11. **What is your pet's lifestyle like...**
 - a. **CATS**- Is your cat indoor, outdoor or both? Do they have contact with other cats through screens or windows?
 - b. **DOGS**- Does your dog go to the groomer, board or go to the dog park?
12. **Has your pet had vaccines or other medical treatment at another facility? If, so what is the Clinic's name and location (city and state) and what owner name are the records listed under? (Please provide records or we will contact the facility for records).**
13. **Is there any other information you would like us to know prior to your visit?**