



Background Information: How did you hear about us?

- Primary veterinarian
- Phone directory
- Internet
- Been here before
- Friend or family recommendation
- Drove by hospital

Do you have pet insurance? **Y** **N** If yes, with which company? \_\_\_\_\_

When was your pet last vaccinated? \_\_\_\_\_ Dewormed? \_\_\_\_\_  **Unsure**

Has your pet ever travelled outside Alberta? **Y** **N**  **Unsure**

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Does your pet live:  Indoors only  Indoor/outdoor  Outdoors only

What other animals does your pet have contact with? \_\_\_\_\_

Does your pet have any allergies? **Y** **N**  **Unsure**

If yes, to what? \_\_\_\_\_

What is your pet's diet?

Brand: \_\_\_\_\_ Amount per feeding: \_\_\_\_\_ #Meals per Day: \_\_\_\_\_

Treats: \_\_\_\_\_ Nutritional supplements: \_\_\_\_\_

Any recent change in diet? **Y** **N**  **Unsure** If yes, when?

From what to what? \_\_\_\_\_

Please list any previous illness or surgeries:

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Please list any medications that your pet is currently receiving {prescription and over the counter):

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Please check the appropriate answer(s) and fill in the information where indicated.	FOR HOW LONG?
1. My pet's energy level is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Normal	
2. My pet's weight is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
3. My pet's appetite is : <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
4. The amount of water my pet is drinking is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
5. My pet has: <input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Runny nose/eyes	
6. My pet has: <input type="checkbox"/> Seizures <input type="checkbox"/> Fainting <input type="checkbox"/> Loss of balance <input type="checkbox"/> Limping	
7. Is your pet vomiting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, is it? <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Blood <input type="checkbox"/> Foam	
8. Is your pet vomiting up water? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
9. The number of times my pet passes stool each day is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
10. The amount of stool my pet is passing each day is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
11. Does your pet have diarrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, is it? <input type="checkbox"/> Bloody <input type="checkbox"/> Black tarry <input type="checkbox"/> Mucus <input type="checkbox"/> Foamy <input type="checkbox"/> Large volume <input type="checkbox"/> Small volume <input type="checkbox"/> Associated with straining	
12. The number of times my pet urinates each day is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
13. The amount of urine my pet is passing each day is: <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Unchanged	
14. The color of my pet's urine has changed. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, what color? Has there been blood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
15. My pet currently has or has had previous skin conditions or ear problems. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, what treatments have been given?	
16. I have an appointment or time commitment today <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what time	
17. I consent to PVDS to use , re-use, publish, and re-publish images of my pet for but not limited to; social media, publications, medical documentation, websites , advertising material, ect. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
18. I consent to being contacted via phone and text. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what phone number	
19. I authorize pain medication for my pet. Side effects are uncommon but include panting, vomiting, diarrhea, and sedati on. Estimated cost is \$30-\$50 <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Comments / Concerns/ Suggestions:	