

# Greenwood Lake Animal Hospital

www.gwlah.com

## Patient Health Questionnaire for Pet Owners

Patient's Name:

Owner's Name:

Address:

Town:

State:

Zip:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address (for medical reminders only):

Your pet is going to have a comprehensive physical examination with one of our dedicated veterinarians. In addition to this exam, it is crucial for our staff to learn from *you* any information that may indicate illness or injury in your pet. Please use this form as a guideline to note any abnormalities you have noticed that may need special attention. Kindly give your completed list to the pet care team member who escorts you to the exam room.

Reason for Visit Today:

Current Medication:

Allergies/adverse reactions to medications or vaccines:

<i>Does your Pet exhibit any of these symptoms?</i>					
Coughing	Y	N	Sneezing	Y	N
Vomiting	Y	N	Diarrhea	Y	N
Change in appetite	Y	N	Constipation	Y	N
Weight gain/loss	Y	N	Change in thirst	Y	N
History of seizures	Y	N	Lethargy	Y	N
Abnormal urination?	Y	N	Odor from mouth	Y	N
Abnormal growths?	Y	N	Discharge from eyes/nose	Y	N
Do you kennel your pet?			Y	N	
Difficulty chewing or swallowing?			Y	N	
Ear problem redness, wax/debris, head shaking, scratching, odor?			Y	N	
Skin problem such as itching, flaking, redness, or sores?			Y	N	
Change in hair/coat such as dullness, thinning, or excessive fur loss?			Y	N	
Any lameness, difficulty getting up or navigating stairs?			Y	N	
Any behavioral issues you would like to discuss?			Y	N	
Do you use Heartworm preventative year round?			Y	N	
Do you use Flea protection? If Yes, what type?	Y	N	TYPE:		
If your pet is a cat, does he/she go outdoors?			Y	N	

Any other information that you feel we should know about your pet in order to provide the best care possible?

I hereby authorize GWLAH to prescribe for and treat the conditions presented on this form for the pet presented by me. The hospital and staff will not be held liable for any problems that develop provided that reasonable care is provided. Further, I agree to pay fees in full for services rendered when my pet is discharged from the hospital care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_