

PET QUESTIONNAIRE

Our vision at Family Pet Medical Center is to be the leading veterinary practice in Broward County, by providing top quality royal veterinary service and the best in medical care for your pet. Each breed and pet is unique and should be treated as an individual; one-size-fits-all medicine is not what we are about. Therefore, in our assessment we explore all risks to determine what care and vaccines are best. Like humans, they should only receive vaccines and medication that they need. We will use your answers to the following questions to help us determine what vaccines and medication your dog should receive today. Please answer the questions below, as they pertain to the pet(s) we are seeing today.

Pet Name: _____ **Date:** _____

Owner(s): _____ **Phone Number:** _____

QUESTIONS

Has your pet been exposed to rodents, racoons, or other wild animals? Yes No

Is your pet likely to swim in or drink from freshwater ponds, lakes, rivers, or puddles? Yes No

Is your pet allowed to roam outdoors, off of your property, unsupervised? Yes No

Will your pet be attending obedience classes, dog shows, dog parks, or field trials? Yes No

Does your pet go to a professional groomer? Yes No

Do you plan to board your pet, in a kennel, within the next year? Yes No

Approximately how many ticks have you pulled off your pet in the last year? _____

What do you give your pet for heartworm and flea prevention? _____

Have you noticed any new or growing lumps on your pet? _____

What do you use for home dental care, for your pet? _____

What types/brands of food and treats do you feed your pet? _____

What other medications is your pet taking? (name, strength, frequency) _____

PET INSURANCE

Do you have Pet Health Insurance? Yes No

If you do not have Pet Health Insurance, would you like information about it? Yes No

Carrier: _____

Effective Date: _____ Policy Number: _____

AUTHORIZATION

I hereby authorize the veterinarians and staff of Family Pet Medical Center to examine, prescribe for, and/or treat the above described pet. I authorize that the above information is correct and true, as it pertains to the health of my pet and the way they treated during this visit.

Signature of Owner: _____ Date: _____