



The Pet Doctors of Sherman Oaks

Patient History Questionnaire

(Please complete and return via email to info@thepetdrs.com in advance of your appointment.)

Client Name: _____ Phone Number: _____ Patient Name _____

Is there anything in particular that you would like the doctor to address during your pets visit?

Any problems with coughing/sneezing/vomiting/diarrhea?

Any changes in urination/defecation habits?

Any changes to thirst/hunger levels?

What is your pet's current diet? (How much do you feed and how often)

Any changes to activity level?

Is your pet on flea/tick preventative (What type and how frequently)?

Is your pet taking heartworm prevention (What type and when was the last dose)?

Is your pet on any medications or supplements other than the above?

Please list current medications and current dose:

Does your pet have any travel history?

Would you like to have annual bloodwork performed?

(Annual bloodwork requires your pet to be food fasted for 12 hours)

****Please remember to bring a fresh fecal sample to your pet's appointment so we can screen for intestinal parasites**