Branchburg Animal Hospital TCVM New Patient Questionnaire

All medical records, including current Rabies vaccination, will be needed 1 week prior to appointment to allow adequate time to review medical history. If records are coming from more than 1 veterinarian, please make note of that with our client care coordinator.

Name:_____ Date:_____

Pet's Name:_____ Age when you obtained pet:_____

Where did you obtain your pet:_____

Reason for visit:_____

How long have the symptoms that most concern you been a problem: _____

Please answer the following as best as possible. We will discuss in further detail with your visit.

1. Appetite Increased / Decreased / About the same
2. Thirst Increased / Decreased / About the same
3. Stool Increased / Decreased / About the same Constipation / Diarrhea
4. Vomiting Yes / No If yes, how long: _____
5. Stomach Noise Yes / No if yes, how long: _____
6. Gas/ Burping Yes / No If yes, how long: _____
7. Sneezing Yes / No If yes, how long: _____
8. Coughing Yes / No If yes, how long: _____
9. Panting Increased / Decreased / About the same
10. Urination Increased / Decreased / About the same
11. Sleeping More / Less / About the same
12. Sleeps through the night? Yes / No Don't know, I sleep well _____
13. Dreams when sleeping? Yes / No Don't know, I sleep well _____
14. Restless during the day? Yes / No Restless at night? Yes / No
15. Energy level Increased / Decreased / About the same
16. Energy level better at any particular time of day? Yes / No When: _____
17. My pet prefers Warm places or weather / Cool places or weather
    Hard surface / Soft surface