



HEALING HEART, INC.
 Holistic Care For Our Animal Friends
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Pre-Exam Questionnaire

Date: _____

The following questionnaire allows us to know and understand the pertinent history and your personal input regarding your pet's visit today.

Owner Name: _____

Patient Name: _____

E-Mail Address: _____

Preferred Contact Phone: _____

Reason for visit/primary concern: Annual Visit Other (please describe concerns below)

Current Diet/Feeding Patterns:

Current Medications/Vitamins/Supplements: None

<i>Medication</i>	<i>Strength</i>	<i>Dose</i>	<i>Frequency</i>	<i>Need Refill</i>

Heartworm Medication Given? No Yes (please list name) _____

Flea Medication Given? No Yes (please list name) _____

Emotions/Lifestyle:

1. What amount of time does pet spend outdoors? _____%
2. Other pets in household? Dogs _____ Cats _____ Other _____ Who is the boss? _____
3. Any recent changes or stressors (moved, people, events, etc.) _____

General Health Questions

- Vaccination Reaction in the past? No Yes (when and to which vaccine) _____

- Changes in energy/activity level (restless, weak, lethargic etc.) _____

- Changes in appetite No Yes (please describe, when did change begin) _____

- Changes in thirst No Yes (please describe, when did change begin) _____

- Changes in urination/defecation No Yes (please describe, when did change begin) _____

- Changes in weight No Yes (please describe, when did change begin) _____

- Changes in mouth or breath No Yes (please describe, when did change begin) _____

- Changes in gait, ability to walk/run/play No Yes (please describe, when did change begin) _____

- Changes in personality No Yes (ex. aggravated, fearful, needy, clingy etc./when did change begin) _____

- Changes in respiration No Yes (ex. coughing, sneezing, panting, breathing pattern etc./when did change begin)

- Changes in sleeping patterns or location No Yes (please describe, when did change begin) _____

- Changes in gastro-intestinal behavior No Vomiting Diarrhea Constipation Other (please describe, when did change begin) _____

- Changes in skin or haircoat integrity No Yes (ex. scratching, itching, chewing, etc./when did change begin)

- Other changes observed _____

