

Annual Exam/Full history Questionnaire

Patient's Name: _____

Date: _____

1) How has your pet been at home? Have there been any issues that need to be addressed?

2) Please circle all that apply:

-Appetite: **Ravenous** **Good** **Picky** **Off & on eater**

-Exercise: **Walks** **Jogs** **Fetch** **Other:** _____

-How often? _____ **-How long?** _____

-Water Intake: **Normal** **Decreased** **Increased**

-Feces: **Loose/diarrhea** **Dry** **Normal** **Foul odor**

-Urination: **Long** **Short** **Incontinent** **Foul odor** **Normal**

-Sleep: **Too much** **Too little** **Vocalizes or wakes up** **Normal**

-Sleeping surface preferences: **Hard surfaces** **Soft surfaces** **Cool surfaces** **Warm surfaces**

-Temperature Preferences:

-Loves cool/cold weather **-Hates cool/cold weather**

-Loves warm/hot weather **-Hates warm/hot weather**

-Energy level:

-Morning: **High energy** **Moderate energy** **Low energy**

-Afternoon: **High energy** **Moderate energy** **Low energy**

-Evening: **High energy** **Moderate energy** **Low energy**