

All Pets Medical And Surgical Center

New Pet Questionnaire

Owner: _____ Pet's Name: _____
Phone: ___/___/___ H; ___/___/___ W Species: _____; Breed: _____
Sex: Male Neuter; Female Spay Color: _____ Date of Birth: ___/___/___
Microchip#: _____

1. Where was your Pet Born? City _____, State _____
2. Where did you acquire your pet? Breeder Shop Private Other _____
3. What do you feed? Canned Dry Semi-moist; _____ Times/Day
4. How often do you Wash the Food & Water Bowls? _____
5. Do you feed your pet "People Food"? Yes No
What? _____
6. What does your pet chew on? _____
Toys: _____
7. Where does she/he sleep? Floor My Bed Dog House Garage Dirt
Where does he spend the Day? In ___% Out ___%; the Night? In ___% Out ___%
8. What do you do to control Fleas? _____
9. Do you ever see Ticks in your yard or on your pet? Yes No
10. Do you take the pet Hiking or Camping? Yes No
11. Will you be taking your pet to Mexico? When? _____
12. If your pet is a cat, is he/she declawed? Yes No
13. Do you expect your pet to be a Lap Dog Hunting Dog Guard Dog Yard Dog
Show Dog Breeder Other _____
14. Are there Other Pets in the household? Dogs # _____ Cats # _____ Other # _____
15. Are there Stray Domestic Animals in the neighborhood? Yes No
16. Are there Wild Animals that come through your neighborhood? Yes No
17. Are there any problems with Aggression, Cowering, Urinating, Defecating or other
Behavioral Problems that you would like to discuss? _____
