

Pet Health Questionnaire

We believe the right information is the key to continued health for your pet. Please take a moment to answer the following questions and e-mail this form back to appointments@martinvet.ca

Date: _____

Pet's name: _____ Owner's name: _____

1. What food are you currently feeding your pet? _____ Canned Dry

2. How much do you feed your pet each day? Canned: _____ Dry: _____

3. What type of treats do you give your pet _____

4. Has your pet displayed any of the changes listed below? If yes, mark all that apply

Weight: Losing Gaining **Eating:** Less More **Drinking:** Less More

5. Do you think your pet's an ideal weight? Yes No

6. How much activity time (playtime, walks) does your pet get each day?

More than thirty minutes About thirty minutes Less than thirty minutes Type of activity:

7. Does your pet have difficulty with any of the following (mark all that apply)

Joint Health:

Trouble getting up
Reluctant to climb stairs
Difficulty jumping
Lagging on walks

Digestive Health:

Change in appetite
Flatulence
Vomiting
Diarrhea
Constipation

Behaviour Changes:

House-soiling accidents
No longer greets family members
Sleeps more during the day or less at night
Wanders or paces
Increase in vocalization

Oral Health:

Bad breath
Difficulty eating
Missing teeth
Bleeding gums
Yellow or brown on teeth

Skin & Coat Health:

Itching, scratching or licking
Red patches or spots
Hair loss
Flaky or scaly patches
Lumps

Urinary Health:

Straining when urinating
Vocalization when urinating
Increased frequency of urination
Urinating in unusual places

8. How often does your pet go outside?:

9. Please list any medications or supplements your pet is currently taking:

10. Other comments:

Please take a photo of food, medications and supplements your pet is currently on.

Remember to bring in your pet's fecal sample!