

**NEW PATIENT HISTORY QUESTIONNAIRE**  
**Thank you for taking the time to fill out before your appointment.**  
**Feel free to fax/ scan & email before your appointment or print and bring with you.**  
**FAX: 804-794-4867**  
**Sycamorevet@comcast.net**

Your Name :

Patient Name:

Date:

1. Medications– It is helpful if you list name and strength of medication:

Heartworm Prevention:

Flea/Tick Control:

Year round?

Other (this includes vitamins, and supplements:

2. What is your pet's primary diet?

Dry or Canned?

How much and how often do you feed?

Treats?

Table Food?

3. What percentage of time do you estimate your pet spends outdoors?      %      Supervised Y/N

4. Is your dog groomed, boarded, attend day care, or visits dog parks routinely?

4. Any injury or illness in the past 30 days No\_\_\_\_ Yes\_\_\_\_\_

5. Any history of seizures? No \_\_\_ Yes (frequency)\_\_\_\_\_

6. Has your pet had any allergic reactions to any vaccines or medications:      No      Yes (list)

7. Any recent changes such as increase or decrease in?

Appetite

Water Intake

Weight

Urine or Stool output

8. Any issues with?

Lameness

If so which leg?

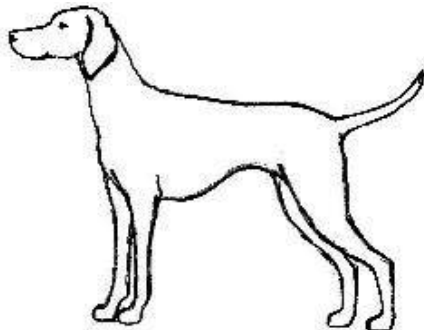
Ear infections

Skin/Scratching

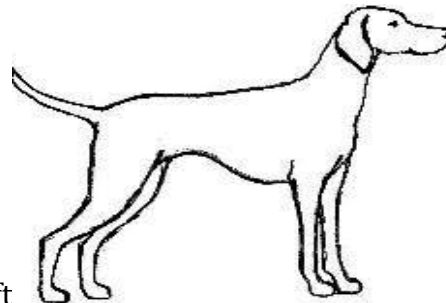
Vomiting

Diarrhea

9. Please indicate below any lumps you have noted



Right



Left