



**Murphy Veterinary Hospital
Medical Questionnaire**

Pet's Name: _____ **Owner's Name:** _____
Age: _____ **Weight:** _____ **Date:** _____

Are you currently using a monthly heartworm preventive? YES NO
If yes, which one? _____ **Last dose?** _____

Have you seen any fleas on your pet? YES NO
What food are you feeding/how much _____

Do you provide at home dental care? YES NO
If yes, what type? _____

Do you have other pets? YES NO
If yes, what type? _____

Are your other pets current on their vaccines? YES NO

What is your pet's outdoor exposure?

- Daily walks/bathroom
- 50:50 Indoor/Outdoor
- Strictly Indoor

What is your pet's exposure to other pets?

- Only housemates
- When boarding/grooming
- Dog Park/Training classes/day care
- Strays/Wild Animals
- No other exposure

Have you noticed any of the following about your pet since his/her last visit?

- coughing/labored breathing
- limping
- lethargy
- increased thirst/urination
- diarrhea/constipation
- vomiting
- red/squinty eyes/ocular discharge
- sneezing/nasal discharge
- itching

Does your pet have any behaviors you would like to change? YES NO
If yes, please explain _____

Have there been any changes in your pet's environment? YES NO
If yes, please explain _____

What additional information does the staff need to know?