

# Veterinary Wellness Center

## New Patient Information

Your Name: \_\_\_\_\_ Your Pet's Name: \_\_\_\_\_

How many other animals does your pet live with? # dogs? \_\_\_\_\_ # cats? \_\_\_\_\_

Does your pet spend most of the day or night outside, without direct supervision?  Yes  No

If yes, is he/she confined in:  a fenced yard,  in a fenced run,  free to roam, or  on a tie-out or line?

Because good nutrition is fundamental to good health, we would like to know about your pet's diet. Please estimate the % intake of these various foods (provide brand names if possible):

_____ % Dry food ("kibble")	Brand? _____	_____ % Homemade raw food diet
_____ % Canned food	Brand? _____	_____ % Fresh fruits and vegetables
_____ % Commercial raw food diet	Brand? _____	
_____ % Table scraps	Typical foods? _____	
_____ % "Junk"/snack food	Typical foods? _____	

What types/brands of treats do you give, and how often? \_\_\_\_\_

Have there been recent changes in your pet's appetite?  No  Increased  Decreased

Have there been any recent changes in your pet's activity or energy level?  No  Increased  Decreased

What is your pet's primary health problem or concern that has prompted your visit today?

Has your pet been treated by a veterinarian(s) for this problem? \_\_\_\_\_

What was the diagnosis and how did your pet respond to treatment/medication?

Are there other concerns or health problems that you would like to discuss with the doctor?

What are your expectations for this first appointment?

Do you have any long term goals for your pet's health and/or recovery?