

## PET QUESTIONNAIRE

Return to: Dr. Tamara Hebler, Healing Hope, Phone: 877-Pet-Hope, Fax: 858-350-6567

### GENERAL INFO

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Species: Canine Feline Other \_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: M F Neutered/Spayed? YES NO Age when Neutered/Spayed: \_\_\_\_\_

Has your pet been bred? YES NO If yes, at what age? \_\_\_\_\_ Result? \_\_\_\_\_

Reason for Initial Visit (Please list all concerns): \_\_\_\_\_

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### HISTORY/RATIONALE

When did you acquire your pet? \_\_\_\_\_ What was his/her age? \_\_\_\_\_

Where did you acquire your pet? \_\_\_\_\_

How long have you had this pet? \_\_\_\_\_

Did your pet have another owner? YES NO If so, why was he/she given up? \_\_\_\_\_

Why did you get this pet? \_\_\_\_\_

Why did you pick this breed? \_\_\_\_\_

Have you had other pets before, or is this your first pet? \_\_\_\_\_

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### MEDICAL

Is your pet currently experiencing any medical problems? YES NO

If yes, please list problems, when started and whether intermittent or constant: \_\_\_\_\_

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Do you use heartworm prevention? YES NO If so, what kind? \_\_\_\_\_

Frequency? \_\_\_\_\_

Do you use a flea/tick preventative? YES NO If so, what kind? \_\_\_\_\_

Frequency? \_\_\_\_\_

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What vitamins/supplements/herbs do you currently give your pet? Please include dosage and frequency. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VERY IMPORTANT- Research your pet's previous veterinary records and fill out medical and vaccination section in detail to the best of your ability.**

List all prescribed medications your pet is currently taking, include dosage and frequency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any major & minor medical problems or conditions in your pet's history (include allergies, disease conditions, traumas and surgeries, etc.). Include dates and medical/holistic treatments (surgery, antibiotics, steroids, holistic therapies, etc.). USE ADDITIONAL PAGE IF NECESSARY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any changes or problems your pet may have experienced with the following:

Appetite/hunger _____	Activity Level _____
Alertness _____	Breathing _____
Vomiting _____	Amount drinking _____
Amount or Frequency of Urination _____	
Diarrhea _____	Coughing _____
Sneezing _____	Discharge (eyes/ears/genitals) _____
Pacing/Restlessness _____	Other _____

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**Vaccinations. Circle all that apply and list dates of ALL vaccines in life history:**

CATS:

Leukemia (Felv): \_\_\_\_\_

\_\_\_\_\_

FVRCP: \_\_\_\_\_

\_\_\_\_\_

Rabies: \_\_\_\_\_

\_\_\_\_\_

FIP: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

DOGS:

DHPP (distemper/parvo): \_\_\_\_\_

\_\_\_\_\_

Corona: \_\_\_\_\_

\_\_\_\_\_

Bordatella: \_\_\_\_\_

\_\_\_\_\_

Rabies: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

DIET/ WATER

Who feeds your pet? \_\_\_\_\_ Where is your pet fed? \_\_\_\_\_

How many meals given per day? \_\_\_\_\_ When is he/she fed? \_\_\_\_\_

What kind of bowl(s) is used? \_\_\_\_\_ How often is the bowl washed? \_\_\_\_\_

What do you normally feed your pet? Please explain in detail (i.e. dry, canned, homemade or human food, raw food, etc. - include brand, amount, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often is your pet given treats each day? \_\_\_\_\_

What kind of treats? Please list ALL, including commercial treats, table scraps, rawhides, pigs ears, catnip, etc. \_\_\_\_\_

\_\_\_\_\_

Is water easily available at all times? YES NO If no, explain: \_\_\_\_\_

What kind of water does your pet have access to? (check all that apply). \_\_\_ Water bowl, \_\_\_ Toilet, \_\_\_ Sink \_\_\_ Pond \_\_\_ Stream \_\_\_ Aquarium \_\_\_ Rain water \_\_\_ Other (\_\_\_\_\_)

What kind of water do you supply in your pet's bowl? BOTTLED FILTERED TAP

If filtered, what type of filtration system is used? \_\_\_\_\_

How often do you change the water provided to your pet? \_\_\_\_\_

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How often is your pet's water bowl washed? \_\_\_\_\_

Does your pet have any unusual cravings? GRASS DIRT BRICKS ROCKS FABRIC  
STRING METAL RUBBER BANDS PLASTIC FECES OTHERS: \_\_\_\_\_

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### GROOMING

Is your pet groomed? YES NO How often? \_\_\_\_\_ What types of tools/products are used  
to groom your pet? \_\_\_\_\_

How often do you bathe your pet? \_\_\_\_\_ What shampoo/products are used? \_\_\_\_\_

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### EXERCISE

(Check all that apply) Is your pet:

\_\_\_ Leash walked only \_\_\_ Allowed to run free, unsupervised \_\_\_ Fenced/ kenneled/ in a run

\_\_\_ Outside, unleashed but supervised \_\_\_ Indoors only \_\_\_ Outdoors only

Do you have a pet door-free access? YES NO How big is the yard? \_\_\_\_\_

How many times a day is your pet walked or let outside? \_\_\_\_\_

Who takes your pet outside? \_\_\_\_\_

What percentage of time does your pet spend inside? \_\_\_\_\_ Outside? \_\_\_\_\_

How much exercise does your pet get each day? NONE MINIMAL MODERATE STRENUOUS

Comments \_\_\_\_\_

How often do you play games or with toys with your pet on a daily average? \_\_\_\_\_

### PERSONALITY

How would you describe your pet's personality? (Check all that apply.) \_\_\_ Nice \_\_\_ Moody

\_\_\_ Nervous \_\_\_ Shy \_\_\_ Friendly \_\_\_ Quick-tempered \_\_\_ Even-tempered \_\_\_ Placid

\_\_\_ High-energy \_\_\_ Lazy \_\_\_ Tired \_\_\_ Happy \_\_\_ Sad \_\_\_ Fearful \_\_\_ Sweet

\_\_\_ Silly \_\_\_ Mean \_\_\_ Stubborn \_\_\_ Protective \_\_\_ Loves everyone \_\_\_ One person pet

\_\_\_ Afraid of children \_\_\_ Afraid of men \_\_\_ Other \_\_\_\_\_

### ENVIRONMENT

What is your living situation? \_\_\_ Apartment \_\_\_ Townhouse/Condominium \_\_\_ House w/ small  
yard \_\_\_ House w/ large yard \_\_\_ Farm \_\_\_ Trailer \_\_\_ Other

Where does your pet sleep?

\_\_\_ In or on your bed

\_\_\_ On his/her own bed in your bedroom

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- |   |  |
|---|--|
| <input type="checkbox"/> On his/her own bed in another room | <input type="checkbox"/> In a crate in your bedroom    |
| <input type="checkbox"/> In a crate in another room         | <input type="checkbox"/> On the floor next to your bed |
| <input type="checkbox"/> Anywhere he/she wants              | <input type="checkbox"/> Locked out of your bedroom    |
| <input type="checkbox"/> Outside in the yard                | <input type="checkbox"/> In a doghouse                 |
| <input type="checkbox"/> Elsewhere: _____                   |  |

Have there been any major changes in the pet's household environment, (e.g. moving, new baby, marriage, death of family member, death of pet, divorce, new pet, etc.) in the last 12 months? \_\_

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How would you describe the household environment from your pet's perspective?

(Check all that apply.)

- Calm  Hectic  Quiet  Loud  Stressful  Chaotic  Lonely  Safe  
 Entertaining  Boring  Relaxing  Angry  Happy

Describe a typical daily schedule for your pet. \_\_\_\_\_

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To what other animals is your pet exposed and where? (i.e., shows, groomer, boarding, friend's house, yard, park, vet, etc.) \_\_\_\_\_

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### PEOPLE

Please list all humans, including you, currently living in the household:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### OTHER PETS/ANIMALS

Please list all other pets currently in the home:

<u>Name</u>	<u>Breed</u>	<u>Sex</u>	<u>Age Obtained</u>	<u>Age Now</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### POSSIBLE ALLERGENS/TOXINS

Have you recently installed new carpet, remodeled your home or refinished furniture? \_\_\_\_\_

How old is your home? \_\_\_\_\_ Does/has your pet inadvertently/accidentally chewed, licked or swallowed any household materials or items in or around the home? \_\_\_\_\_

Please describe any pesticides or herbicides (e.g., bug killers, weed killers, flea sprays etc.) that are used in your home, yard or garden: \_\_\_\_\_

Is your pet exposed to any harsh cleansers or chemicals (e.g., antifreeze, cleaning materials, bleach, etc.)? Please describe: \_\_\_\_\_