

PET QUESTIONNAIRE

Return to: Dr. Tamara Hebbler, 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): _____

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? _____

MEDICAL

Is your pet currently experiencing any medical problems? YES NO

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

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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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: _____

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? _____

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? __

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. _____

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

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: _____