

**NAME & DATE:-** \_\_\_\_\_

**CRVH GENERAL QUESTIONNAIRE**

\*Any health concerns at this time? \_\_\_\_\_

\_\_\_\_\_

\*What are you feeding your pet? \_\_\_\_\_

How much a day? \_\_\_\_\_

\*Are you giving heartworm preventative? y/n

---Missed any months? \_\_\_\_\_

\*Are you giving flea and tick preventative? y/n

\*How is exercise tolerance? \_\_\_\_\_

\*Any excessive drinking? y/n Excessive urinating? y/n

\*Holding urine throughout the night? y/n If no, explain

\_\_\_\_\_

\*Any accidents in house? y/n \_\_\_\_\_

\*Coughing? y/n If yes, please explain \_\_\_\_\_

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\*Any other questions you may have for the doctor \_\_\_\_\_

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\*PLEASE LIST ALL MEDICINES YOUR PET IS ON \_\_\_\_\_

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