

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 your pet's 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 _____

*Any other questions you may have for the doctor _____

*PLEASE LIST ALL MEDICINES YOUR PET IS ON _____
