

New Patient Questionnaire

Pet: _____

Date: _____

When did your pet last eat and drink?

Any vomiting or diarrhea?

Major health issues (i.e. Seizures, Diabetes, Heart problems)?

Allergies to medications or anything else?

Has your pet been on any of the following in the past month? (please circle)

Deramaxx; Previcox; Meloxicam/Metacam; Rimadyl/Carprofen; Etogesic/Etodolac; Zubrin; Prednisone; Temoril-P

Has your pet been on any form of Aspirin in the past month? Yes or No

If your pet has been on Aspirin (any form) it is imperative that you speak to the doctor or nurse today!

In the past 10-14 days, what medications has your pet been given:

Medication name	size (mg.)	# of tablets you give	how often do you give it (once, twice daily)	last given
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