Royal Bay Veterinary Clinic
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PRE-VISIT QUESTIONNAIRE

Patient History Questionnaire

Patient name:
Owner's name:
Reason for appointment:
Duration/details of problem:

Historical Problems:

Vomiting?:
Diarrhea?:
Coughing?:
Sneezing?:
Change in Energy:
Change in Appetite:
Diet:

Change in Drinking:
Change in Urination:

Current Medications:
Flea treatments:

Any Previous Adverse Reactions?

Any Travel Outside Vancouver Island:
Indoor/outdoor:

Additional requests/medication refills?