



Accommodation Appointment Patient Questionnaire

This form must be thoroughly completed and received 48 hours prior to your requested date of service. Your appointment will be confirmed via text message. The Accommodation Appointment is a service we offer to existing patients for their regular Wellness Exams **ONLY**.

For pets that are under the weather, we ask that you call to schedule an appointment that you can be present for.

Client's Name:

Patient's Name:

Requested Date of Service

Cell Phone # to confirm appointment:

What services will we be updating/performing while your pet is with us?

Are there any concerns about your pet that you would like addressed by the Doctor? Yes No

If so, please describe:

Is your pet currently taking any medications or supplements ? Yes No

If so, please list all medications, supplements, over-the-counter medications, topicals, etc as well as their dose and frequency:

Medication/Supplement/Over The Counter	Dose	Frequency	When was this medication last given

Is your pet currently on a heartworm preventative? Yes No

If so, please list the name of the preventative and when it was last given:

Is your pet currently on a flea/tick preventative? Yes No

If so, please list the name of the preventative and when it was last given:

Has your pet had any vomiting, diarrhea, coughing or sneezing? Yes No

If so, please describe the symptoms (What? When?) and frequency:

Has your pet had any changes in their water consumption or urination? Yes No

If so, please describe:

Has your pet had any changes in their behavior or activity level? Yes No

If so, please describe: