

**Park Lane Veterinary Hospital
ANNUAL QUESTIONNAIRE**

Client Name _____ **Pet Name** _____ **Date** _____

Dr. Holland and the staff of Park Lane Veterinary Hospital strive to provide you and your pet with the best possible care. The following questionnaire may give us insight to symptoms that you may be unaware of as potential health problems.

Has your pet exhibited changes in any of the following:

Appetite *(increase, decrease, reluctance at bowl)* **yes** **no**
Current diet/pet food _____

Water consumption *(increase, decrease, reluctance at bowl)* **yes** **no**

Activity level *(increase, decrease, loss of stamina)* **yes** **no**

Sleeping pattern *(restlessness, pacing, sleeping more than usual)* **yes** **no**

Elimination habits *(amount, frequency, straining, odor, color, consistency)* **yes** **no**

Physical appearance:

Weight *(weight loss, weight gain)* **yes** **no**

Coat *(dull, brittle, hair loss)* **yes** **no**

Lumps, bumps, spots or lesions **yes** **no**

Attitude *(aggression, confusion, disorientation, anxiety)* **yes** **no**

Hearing/ Vision *(not responding when called, running into things)* **yes** **no**

Respiratory *(breathing pattern, coughing, sneezing)* **yes** **no**

Lameness, discomfort or obvious pain **yes** **no**

Is your pet on flea & tick prevention year round? **yes** **no**

Is your pet on heartworm prevention year round? **yes** **no**

Like you, our greatest concern is the well being of your pet. As with your own regular health check-ups, testing on a regular basis lets us monitor your pet's health over it's lifetime and enables us to detect any potential problems early on. We recommend blood chemistry testing for patients starting at 7 years of age in order to establish "baseline" blood values. These "baseline" values will make future diagnoses easier should the need arise. Senior and Geriatric patients should repeat this testing annually. Please let us know if you would like more information on these tests.