QUESTIONNAIRE FOR SICK VISITS

Please complete and return to Canine Clubhouse 48 hours prior to your scheduled Clubhouse call

1. Please describe your pet's symptoms and/or your concerns:

2. When would you consider your pet last healthy?

3. Please describe any changes or progressions to your pet's symptoms:

4. Has your pet had similar symptoms previously? ☐ Yes ☐ No
   If so, what previous treatments were performed and were they effective?

5. Is your pet on any medications currently? ☐ Yes ☐ No
   Please list any supplements, over the counter medications (aspirin, Benadryl, etc), and all prescribed by the veterinarian. Include dosing, frequency, and when it was last given.

6. What type of food are you feeding your pet?
   Has there been any changes to the food or treats? ☐ Yes ☐ No
   If yes, note what changes and when they were made.

7. Please select the appropriate choice for the following:
   - Appetite: ☐ Normal ☐ Increased ☐ Decreased
   - Drinking: ☐ Normal ☐ Increased ☐ Decreased
   - Urination: ☐ Normal ☐ Increased ☐ Decreased
   - Defecation: ☐ Normal ☐ Increased ☐ Decreased
   - Energy Level: ☐ Normal ☐ Increased ☐ Decreased

8. Would you like to be contacted by the veterinarian before any vaccines or services are provided today? ☐Yes ☐ No

9. After reviewing your questionnaire and examining your pet, the veterinarian will contact you to discuss their findings and recommendations. What is the best number to reach you? (If we cannot reach you, no services or treatments will be provided for your pet). _(_____)_____-_____

Animal Hospital of Dauphin County Cancellation Policy:

No shows or cancellations without 48 hour notice will still be billed for the clubhouse call fee and will no longer be eligible for clubhouse calls. Some exceptions may be made by AHDC management if there are extenuating circumstances.

By signing below, I give permission to Animal Hospital of Dauphin County to examine my pet and agree to the cancellation policy above.

_X_____