

ANNUAL EXAM QUESTIONNAIRE

WELCOME BACK TO BRIDGEWATER VETERINARY HOSPITAL FOR YOUR PET'S ANNUAL EXAM! PLEASE HELP US UPDATE OUR RECORDS BY TAKING A FEW MOMENTS TO FILL OUT THIS INFORMATION COMPLETELY!

Pet: _____ Owner: _____ Date: _____

Habitat: Indoor only Mostly indoor Outdoor only Mostly outdoor In and out freely

Water consumption: Normal Drinks excessively Amount up Amount down

Foods: (brand & amount): _____

Eats specific meals Fed free choice _____% table food _____% treats

Appetite: Very good Good Picky Poor Very poor

Change in appetite: Up Down

Activity Level: Very Active Normal Very inactive More active Less active

Behavior: Any notable change? _____

Have you noticed changes in your pet's ability to walk, jump, or run? Yes No

Vomiting: None/uncommon Occasionally Frequently Frequency: _____

Diarrhea: None/uncommon Occasionally Frequent Frequency: _____

Straining to defecate: Yes No Straining to urinate: Yes No

Coughing: None Occasionally Frequent

Sneezing: None Occasionally Frequent

Nasal discharge: No Yes Pus Watery Bloody Duration: _____

Itching: Seasonal Year-round Location(s): _____

Does your pet have or need the following items?

	Have	Need
Heartworm Preventative	<input type="checkbox"/>	<input type="checkbox"/>
Flea and tick preventative	<input type="checkbox"/>	<input type="checkbox"/>
Premium or therapeutic food	<input type="checkbox"/>	<input type="checkbox"/>
Multivitamins	<input type="checkbox"/>	<input type="checkbox"/>
Shampoo approved safe for adult dogs or cats	<input type="checkbox"/>	<input type="checkbox"/>
Collar and leash/microchip/ID tag	<input type="checkbox"/>	<input type="checkbox"/>
Chew toys approved safe for adult dogs or cats	<input type="checkbox"/>	<input type="checkbox"/>
Home dental-care products	<input type="checkbox"/>	<input type="checkbox"/>

Medications regularly taken: _____

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