



Evaluation Questionnaire

Patient name: _____

Client name: _____

Date _____

How has your pet progressed since the last evaluation? Please describe improvements and/or set backs.

How much and what type of exercise/walks is your pet doing at home?

Are you conducting the home exercises? Do you need a review on any of them?

List all medications and supplements your pet is currently getting including dose and frequency.

Does your pet have any allergic or adverse reactions to food or medications or supplements?

What is your pet's current diet (**please be specific about the brand**) and how much are you feeding?
Does your pet get treats, if so, how many?

Is your pet eating and drinking normally? Any change in urination/defecation habits? Any vomiting, diarrhea or other medical issues?

Has your pet seen your regular veterinarian within the last 3 months? If so, what for? Were any diagnostics (blood work, x-rays, etc.) performed? If yes, which veterinarian?

Any specific questions or concerns you have for the doctor today?

Do you need any refills today?

Would you prefer an email update or phone call today?

Come. Stay. Heal.