University of Tennessee
UT Veterinary Medical Center

COMMUNITY PRACTICE ANNUAL UPDATE QUESTIONNAIRE

Date:	
Owner's Name:	
Pet's Name:	

I am: (please check one)	❑ UT College of Veterinary Medicine Faculty or Staff ❑ UT College of Veterinary Medicine Student			
	❑ UT Faculty or Staff ❑ UT Student ❑ UT Retired ❑ None of the above			
Please list (2) phone numbers in where we can contact you today	Phone:		I will be there until:	
	Phone:		I will be there until:	

We will call you to discuss a plan and when your pet is finished to arrange a pick up time. No pickup between 12-1; If after 5 PM you will be discharged by an Emergency student, rather than a Community Practice student

Will someone other than yourself be picking up your pet? If yes, please give:	❑ Yes	Contact name:	
	❑ No	Number(s):	

Pet arrived with:	❑ carrier	❑ collar	❑ leash	❑ other:

Why did you bring your Pet in today? (Be as detailed as possible. How long, how much, when did it start, etc.?)

Is your Pet being treated at another veterinary clinic for the problem?	❑ Yes ❑ No	If yes by whom?

PLEASE CHECK THE APPROPRIATE RESPONSES BELOW:

Is your Pet taking any medication or over the counter supplements other than for fleas/ticks/heartworms?	❑ Yes ❑ No

If yes, what medications and when were they last given?

Do you need any medication refills, other than flea/tick/heartworm prevention?	❑ Yes ❑ No

If yes, list:

Has your Pet ever had a reaction to any medication or vaccine?	❑ Yes ❑ No

If yes, what medications or vaccine and when were they last given?

Flea/tick prevention used:	Need a refill?	❑ Yes ❑ No	❑ 6 months ❑ 1 year	
❑ Frontline Plus	❑ Advantage Multi	❑ Advantage	❑ K9 Advantix	❑ none
❑ not sure	❑ other:			
Heartworm prevention used:	Need a refill?	❑ Yes ❑ No	❑ 6 months ❑ 1 year	
❑ Sentinel	❑ Heartgard Plus	❑ Interceptor	❑ Advantage Multi	❑ none
❑ not sure	❑ other:			
I give heartworm prevention:	❑ monthly	❑ when I think of it	❑ only in warm weather	❑ never
My pet's last heartworm test was:				
Would you like a heartworm test performed today?	❑ Yes ❑ No			

Is your pet microchipped? ❑ Yes ❑ No	If no, would you like your pet microchipped today? ❑ Yes ❑ No
I would like more information regarding microchipping. ❑ Yes ❑ No	
Do you need a city license for your pet? ❑ Yes ❑ No ❑ Want more information regarding a city license.	
Did you bring a fecal sample today to be submitted for testing? ❑ Yes ❑ No	
If no, would you like for us to collect one for testing? ❑ Yes ❑ No	My pet's last fecal exam was:
What food does your pet eat?	❑ Canned ❑ Dry ❑ Treats
How much?	How often?
What kind of people food does your pet eat? Please list:	
Appetite: ❑ Normal ❑ Increased ❑ Decreased ❑ if +/- how long?	
When did your Pet eat last?	
Amount of water my pet drinks now: ❑ Normal ❑ Drinking more than normal ❑ Drinking less than normal	
Have you noticed weight loss without feeding less food? ❑ Yes ❑ No If yes, how long?	
Have you noticed weight gain without feeding less food? ❑ Yes ❑ No If yes, how long?	
Noticed any:	**If yes, describe:**
Vomiting? ❑ Yes ❑ No If yes, how long?	
Diarrhea? ❑ Yes ❑ No If yes, how long?	
Lethargy? ❑ Yes ❑ No If yes, how long?	
Weakness? ❑ Yes ❑ No If yes, how long?	
Coughing? ❑ Yes ❑ No If yes, is it productive?	
Sneezing? ❑ Yes ❑ No If yes, how long?	
Gagging? ❑ Yes ❑ No If yes, how long?	
Change in urination habits? ❑ Yes ❑ No If yes, how long?	
Scratching? ❑ Yes ❑ No If yes, location?	
Shaking head? ❑ Yes ❑ No If yes, how long?	
Scooting? ❑ Yes ❑ No	
Unusual lumps or bumps? ❑ Yes ❑ No If yes, location?	
Bad breath? ❑ Yes ❑ No	
Unusual discharge? ❑ Yes ❑ No If yes, location?	
Incontinence? ❑ Yes ❑ No	
Significant Hair Loss? ❑ Yes ❑ No If yes, location?	
Lameness/Limping ❑ Yes ❑ No Which Leg? ❑ RF ❑ LF ❑ RR ❑ LR	
Difficulty Rising? ❑	
Behavioral changes? ❑	
History of seizures? ❑	
Bowel Movements: ❑ Constipated ❑ Normal ❑ Diarrhea Describe:	
Urination: ❑ Decreased ❑ Normal ❑ Increased ❑ Frequency or Amount:	
Your Pet's energy level is? ❑ higher than normal ❑ normal ❑ lower than normal	

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UT Veterinary Medical Center

Any injury in the past 30 days? ❑ Yes ❑ No If yes, when and describe.

Any surgery in the past 30 days? ❑ Yes ❑ No If yes, when?

MY CAT...	The following questions to describe your pet's lifestyle. Check all that apply
❑ is allowed to go outside	❑ sometimes has access to other cat's: food dish
❑ occasionally escapes	❑ sometimes has access to other cat's: water bowl
❑ stays indoors all the time	❑ sometimes has access to other cat's: litter box
❑ lives with other cats	❑ sometimes comes into contact with other cats
❑ lives with other cats that go out	❑ lives indoors only
❑ attends cat shows	❑ lives outdoors only
❑ is boarded	❑ lives indoors/outdoors

MY DOG...	The following questions to describe your pet's lifestyle. Check all that apply
❑ is taken for regular walks	❑ attends obedience or training classes
❑ is taken to parks for exercise and play	❑ participates in competitive events, i.e. dog shows
❑ goes camping or hiking with us	❑ has access to stream, creek, pond, river, lake
❑ is taken to groomers	❑ is used for hunting
❑ occasionally goes to stores that allow pets	❑ is kept in a yard with an electric fence
❑ is taken to the country or farm	❑ travels outside of Tennessee
❑ is taken to boarding kennels when we are on vacation.	❑ lives indoors only
❑ is taken to outdoor community events	❑ lives outdoors only
❑ is taken to community vaccination clinics	❑ lives indoors/outdoors
❑ is sometimes visited or visits other dogs	

What other pets are in your household? ❑ Dog(s): ❑ Cat(s):

❑ Other(s): please list

How long have you had this pet?

Has this pet been spayed or neutered? ❑ Yes ❑ No If yes at what age:

Which best describes where you got your pet? ❑ breeder ❑ shelter/humane society ❑ pet store

❑ if found, where?	❑ other:

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Veterinary Medical Center

Vaccine History (Please provide copy of vaccine history, if available)
If you wish, we will gladly call the Veterinarian's office where your pet received its last vaccines to obtain a copy of the vaccine history.
Please list the name of the office:
List vaccines your pet has had within the last 3 years:
If this pet is due for the following vaccines, I would like for them to be given:
Feline only: ❑ Rabies ❑ FVRCP-(Feline Viral Rhinotracheitis Calici Panleukopenia) ❑ FeLV-(Feline Leukemia)
Canine only: ❑ Rabies ❑ DHPP-(Distemper Hepatitis Parvo Parainfluenza) ❑ Bordetella-(Kennel Cough) ❑ Leptospirosis ❑ CIV-(Canine Influenza Virus) ❑ Lyme disease
I would like more information on the following vaccines for this pet:
I would like this pet to have the following medications when vaccinated: ❑ metacam (NSAID) for pain and inflamation - canines with DHPP/Feline with rabies & Felv ❑ benadryl to reduce effects of possible reaction - canine leptospirosis
Your pet's past behavior while at the Veterinarian's office could be described as: ❑ happy ❑ fearful ❑ shy ❑ aggressive ❑ other:
Has your pet ever bitten anyone? ❑ Yes ❑ No
My pet loves it when:
My pet doesn't like it when:
Is there any information not on this sheet you want us to know about your pet?

FORM COMPLETED BY OWNER - NO SIGNATURE REQUIRED

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