

WINDSOR PARK
VETERINARY CLINIC



Clinic Use Only: Patient ID _____

Pre-Visit Questionnaire

Hi! Thank you for choosing us to care for your pet today. Before we get started, there are just a few questions we'd like to ask. If you need clarification regarding any of them, please let us know.

Screening

Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus? Do you live in the same household with, or have you had close contact with someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus? _____

Is it your preference to be present for the exam, or do you prefer to utilize curbside service? _____

Do you agree to wear a mask at all times while inside the building if you wish to be present? _____

Patient History

Since your pet's last visit, has your pet been to an emergency clinic, or had vaccinations that we need to update in our system? If so, which veterinary clinic? _____

Please circle all applicable concerns you'd like to address at today's visit:

Lack of Appetite Vomiting Diarrhea Coughing Sneezing Allergies Itching/Scratching/Licking Skin
Hair Loss Growth/Mass/Lump Limping Dental Eye Concern Ear Concern Incontinence Lethargy

Other concerns: _____

When did these concerns begin? Have they worsened? _____

Has your pet been on Heartworm/Flea prevention monthly as directed? _____

Is your pet on any other medications or supplement? Please list them, and how often you are administering them _____

Is your pet eating and drinking normally? _____

What diet is your pet on? Have you changed it recently? And what amounts are you feeding?

Does your pet have allergies or potential reactions to drugs/vaccines/food? Please list them.

Has your pet been urinating and defecating normally? _____

Do you have any other animals at home? _____

Where does your pet spend time? Inside Home In Yard Daycare Bodies of Water In Nature
With Other Animals Vacations/Roadtrips Parks