



SFAS Spay/ Neuter Clinic Patient Information Form

Client Name: _____ Patient Name: _____

1. How long have you owned this animal? _____
2. Within the last two weeks, has your pet displayed any of the following?
 Sneezing Coughing Vomiting Diarrhea Discharge from eyes/nose NA
3. Within the last two weeks, are you aware of any change in your animals?
 Level of activity Appetite Water consumption Weight Urination/defecation NA
4. Within the last two weeks, has your pet exhibited any other symptoms that seem out of the ordinary to you?
 Yes No If "yes", please explain: _____
5. Has your pet ever had a seizure? Yes No If "yes", please explain: _____
6. Are you aware of your pet having a history of (please check all that apply):
 Health Problems (ex: Arthritis, Heart Problems) Illness (ex: Parvo, Distemper)
 Injury (ex: Hit by a car, Attacked by another animal) No known problems
Please explain: _____
7. Does your pet have any lumps, tumors, hair loss or other skin problems? Yes No
If "yes", please explain: _____
8. Has your pet had any surgery before? Yes No
If "yes", please explain: _____
9. Are there any known reactions to vaccinations, drugs, or medications? Yes No
If "yes", please explain: _____
10. Please list any medication your animal has taken in the past month and why (please include heartworm preventative and any supplements, ex: glucosamine): NA

11. If your pet is female, when was her last heat cycle? _____
12. Within the last six months, has your animal given birth? Yes No
13. In the past ten days, has your animal been treated for fleas/ticks or mange (dip, spray, powder)?
 Yes No If "yes", what product was used? _____
14. When was your pet's last heartworm test? _____ Never been tested
15. Is there anything not covered in this questionnaire that you want the medical staff to know about your pet?

Client Signature

Date