

Reagor Pet Hospital

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Patient Health Questionnaire

Any **coughing or sneezing**? How often?

Any **vomiting or diarrhea**? How often? What did it look like? Anything unusual in it?

Any change in **appetite or thirst**?

Any observed **lumps or bumps**? Have any of them grown? How long have you noticed them?

Any observed **soreness or stiffness** after resting or exercise? How long has it been going on for?

Any changes **urination or bowel movements**? Any inappropriate elimination?

Is your pet **acting lethargic** (not acting there self)? If so, how long has it been going on for?

Any **bad breath**? Rate on a scale of 1-10, 10 being absolutely horrible.

Any observed **change in weight**? How long have you noticed the change?

What brand of **food do you feed**? How much and often do you feed? Any table scraps?

Is your pet current on **monthly heartworm preventative** and which brand?

Is your pet current on **monthly flea control** and which brand?

Is your pet on any **medication**? How many milligrams? How often are your giving the medication?

Is your pet current on **vaccines and heartworm test**? If done elsewhere, where were they done?

Any other concerns?