

Nolan River Animal Hospital, PLLC

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

Phone Number: _____
 (where you can be reached today)

Inpatient Questionnaire

Please answer the questions below concerning any symptoms your pet is showing.

	Yes	No	Amount?	Better or worse?	Duration?	
1. Weight gain?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
2. Weight loss?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
3. Increased appetite?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
4. Decreased appetite?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
5. Increased water intake?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
6. Decreased water intake?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
7. Increased urination?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
8. Decreased urination?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
9. Activity level decreased?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
10. Vomiting?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
Any blood? _____	Has there been a diet change? _____					
11. Diarrhea?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
Any blood? _____	Has there been a diet change? _____				Consistency of feces? _____	
12. Difficulty breathing?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
13. Coughing?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
Worse at rest? _____	Worse with activity? _____				Productive? _____	
14. Sneezing?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
15. Nasal discharge?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	Color? _____
16. Increased panting?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
17. Limping/lameness?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	Which leg? _____
18. Trouble getting up/down?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	
19. Painful?	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	Where? _____
20. Hair loss?	<input type="radio"/>	<input type="radio"/>	Where? _____	Itchy? _____		
21. Itchy skin?	<input type="radio"/>	<input type="radio"/>	Where? _____	Since when? _____		
22. Skin growths?	<input type="radio"/>	<input type="radio"/>	Where? _____	Since when? _____	Growing? _____	
23. Change in behavior?	<input type="radio"/>	<input type="radio"/>	please describe _____			

Please list any other problems you pet is having _____

	Yes	No	
24. Currently on heartworm prevention?	<input type="radio"/>	<input type="radio"/>	Which brand? _____
25. Date of last heartworm test? (dogs only) _____,	result _____		
26. Date of last FELV/FIV test? (cats only) _____,	result _____		
27. Date of last vaccinations _____	Please list _____		
28. Diet? _____			
29. What medications (if any) has your pet received in the last 24 hours? _____			
30. Does your pet have any underlying health issue we should be aware of? _____			

____ Yes, I authorize NRAH to perform basic lab work and/or x-rays if after examination the doctor finds it necessary.
 ____ No, I only want an exam done today.

Signature: _____