



aVerdure

# Pet Questionnaire

South Hills PT Clinic  
4175 E. Amazon Dr.  
Eugene, OR 97405  
541-686-0101 fax 541-686-0202  
dvornichk@gmail.com  
www.averdure.com

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Pet Name \_\_\_\_\_ Species \_\_\_\_\_ Sex \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Spayed \_\_\_ Neutered\_\_\_ Intact\_\_\_

Weight \_\_\_\_\_ Type of food/water bowls (circle): plastic metal ceramic

ID chip? \_\_\_\_\_ If plastic, what color? \_\_\_\_\_

Primary Diet (brand name, if raw, give portions) \_\_\_\_\_

How long have you been feeding the primary diet? \_\_\_\_\_

Recent dietary changes? \_\_\_\_\_

Stool (circle all that apply): Brown Black Tan Runny Shiny/Mucous

Amount fed at each meal/ number of meals per day \_\_\_\_\_

Where do you store your food? \_\_\_\_\_

How often do you purchase/cook new food? \_\_\_\_\_ Microwave food? \_\_\_\_\_

Treats, what kind and how often? \_\_\_\_\_

Water (circle): tap filtered bottle pond Bad breath? \_\_\_\_\_

*(More questions on the other side)*

Vitamins or supplements (list) \_\_\_\_\_  
\_\_\_\_\_

Exercise and how often: Walks \_\_\_\_\_ Backyard \_\_\_\_\_ Dog Park \_\_\_\_\_  
Other \_\_\_\_\_ Eats dirt? \_\_\_\_\_ Eats grass? \_\_\_\_\_

Baths? \_\_\_\_\_ How often? \_\_\_\_\_ Shampoo brand \_\_\_\_\_

Toys? \_\_\_\_\_

Other pets in household (list) \_\_\_\_\_

Are they fed in the same area? \_\_\_\_\_

Who is the most dominant pet, next dominant, etc. \_\_\_\_\_

Separation anxiety? \_\_\_\_\_ Travels in car well? \_\_\_\_\_ Hot? (pants a lot, lies on cool floor) \_\_\_\_\_

Medical history: Last vaccinated for rabies: \_\_\_\_\_ distemper and others \_\_\_\_\_

Flea/Tick repellent (Front Line, essential oils, etc.) \_\_\_\_\_

Antibiotics within the past 3 years? \_\_\_\_\_ Medications (Please list & give dosage):

\_\_\_\_\_  
\_\_\_\_\_

Does your pet pass gas? \_\_\_\_\_

Reason for nutrition consultation (referring vet) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

=====

**Examination:**

Gluten/skin \_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_