

## General Unwell Questionnaire

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

1) What symptoms are your pet experiencing?

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2) When did these symptoms start?

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3) Has there been a specific event that may have contributed to your pet's symptoms?

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4) What is your pet eating?

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5) What medications/supplements is your pet taking (include heartworm and flea prevention)?

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6) For cats only, is your pet (circle):    **INDOOR**    **OUTDOOR**    **BOTH**

7) Is there any other pets in the household with the same symptoms?

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