No. **First visit consultation questionnaire** / /

Owner's name	(First name)	(Family name)	Phone (home)	☎
			Phone (Mobile)	☎
Occupation			Emergency	☎
Address				
Species	Dog • Cat • Ferret • Rabbit • Hamster			
Name of patient			Birthday	(mm/dd/yyyy)
Breed			Color	
Gender	male • female		desexing	entire • desexed

〇Where does your animal normally live?
- Indoor（walk : yes • no） • Indoor with free access to outside • Outdoor • Other（ ）

〇Where did you get your animal?
- Pet shop or breeder • Given • Adopted • Bred at home • Other（ ）

〇Have you ever seen another veterinarian?
- No
- Yes⇒ • What is the animal hospital's name?:
  - When?:
  - Why?:
  - How's the condition now?:

〇Has your animal ever had any problems (shock reaction etc.) with injections or medications?
- No
- Yes⇒ • When?:
  - What's kind of medications?:

〇Has your animal ever received any vaccination?
- No
- Yes⇒ • dog : combination vaccine (5 /6 /7 /8) • vaccine against rabies • other( )
  - cat : combination vaccine (3 /4 / 5) • Feline leukemia virus • FIV
  - ferret :combination vaccine (3 / 5)

When was the last vaccination done?( )

〇Has your animal received heartworm prophylaxis?
- No
- Yes（detail： ）

〇Do you use flea and tick preventive products for your animal?
- No
- Yes（What kind of product?：

〇Does your animal have a microchip?
- No
- Yes (No)

〇Do you have any other animals at home?
- No
- Yes（What kind of animals? How many?：

〇What kind of food do you feed your animal? （ex.dried food • tinned food • favorite food、brand name)

( )

〇how did you know of our animal hospital?
- In passing • Advertisement • Internet • advertisement of telegraph pole
- introduction （from another veterinary hospital /friends name: ）

↳ Can we contact this veterinary hospital regarding your visit today? ok • no