o F	irst visit	cons	sultati	on ques	stionnaire			/		/
Owner's name					Phone(home)					
					Phone(mobile)					
Occupation		,			Phone(Emergency)					
Addres										
Species	Dog	• (Cat ·	Ferret	 Rabbit 	•	Hams	ter		
Breed					Birthday			/	/	(mm/dd/yyyy)
Name of patient					Color					
Gender				male •	female /entire ·	dese	exed			
Microchip No.					Insurance					
 Introducted Have you ever What is the a When?: Why?: How's the co Has your animation No Yes ⇒ · Whe 	seen another animal hospita andition now? al ever had an	veter al's na	inarian? ime?:	y hospital/F shock reacti		ection	s or m	edicati	ions?)
● Has your anim	t's kind of me al ever receiv			ation?						
· cat · ferre		n vacci	cine (3/ ccine (3	4/5) ·F 3/5)	accine against ra eline leukemia vi			,)

- Do you use flea and tick preventive products for your animal?

 - · Yes (What kind of product?:
- Has your animal received heartworm prophylaxis?
 - No

· Yes (detail:

- Where does your animal normally live?
 - \cdot Indoor (walk : yes \cdot no) \cdot Indoor with free access to outside \cdot Outdoor \cdot Other (
- Where did you get your animal?
 -) \cdot Petshop or breeder \cdot Given \cdot Adopted \cdot Bred at home \cdot Other (
- Do you have any other animals at home?
 - · No
 - · Yes (What kind of animals? How many?:
- What kind of food do you feed your animal? (ex.dried food tinned food favorite food、brand name) (

You and your pet's personal information will be used only for purposes below

- 1. Safe and efficient examination 2. Delivering notices and messages via mail, e-mail
- 3. Sharing, viewing medical records between group clinics

when changes are made in the purposes mentioned above.

4. Publication for academic conferences and journals (you and your pet will not be identified) Please ask our staff for further information. There will be a notice on our official web page



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