

NO. **First visit consultation questionnaire** 年 月 日

Owner's name	-----		Phone①	
			Phone②	
Occupation			Phone③	
Address	〒 -			

Name of patient		Birth day	/ / (mm/dd/yyyy)
Species	Dog · Cat · Ferret · Hamster		
Breed		Color	
Gender	Male · Female		(Entire · Desexed)
Family hospital	No · Yes (Hospital :)		
Microchip	No · Yes (NO :)	Insurance	

1 : How did you find out about our animal hospital?
 · Introduced (From another veterinary hospital/ Report : Yes · No)
 · By passing · Advertisement · Internet · magazine · TV · grooming salon cocoe
 · Introduced (Friends name:)

2 : Have you ever seen another veterinarian? ex.medical checkup · poor physical condition · chronic illness,etc
 No · Yes
 · When? ()
 · Why? ()
 · How's the condition now? ()

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

4 : Has your animal ever received any vaccination?
 No · Yes
 combination vaccine (2/3/4/5/6/8/9/10) vaccine against rabies
 last vaccination done? [/ /] last vaccination done? [/ /]
 (mm/dd/yyyy) (mm/dd/yyyy)

5 : Do you use flea and tick preventive products for your animal?
 No · Yes
 product name ()
 last administration date [/ /] (mm/dd/yyyy)

6 : Has your animal received heartworm prophylaxis?
 No · Yes
 product name ()
 last administration date [/ /] (mm/dd/yyyy)

7 : What is your animals normal living environment ?
 · Indoor (walk : yes · no) · Indoor with free access to outside · Outdoor · Other ()

8 : Hou did you meet your animal?
 · Petshop or breeder · Given · Adopted · Bred at home · Other ()

9 : Do you have any other animals at home?
 No · Yes (What kind of animals? How many?)

10 : 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
4. Publication for academic conferences and journals (you and your pet will not be identified)
- 5.If you wish to change the name on your medical record, please come to the clinic with both the current and new registrant and present your ID.

Please ask our staff for further information.

There will be a notice on our official web page when changes are made in the purposes mentioned above.



JAMC