# ALCALA COUNTRY PET RESORT PET HEALTH QUESTIONNAIRE

Pet Owner's Name: ____________________________ Telephone Number:________________________

Pet's Name:________________________Breed:______________________Age:_________________

Sex: (Please Circle) Male / Neutered Female / Spayed

Primary Veterinary Care Provider:________________________________Vet Phone:_______________

Vaccinations are usually administered at: Primary Clinic/Shot Clinic (VetCo, County Shelter, etc.)

If given at shot clinic, where?__________________________________Phone:___________________

Does your pet have any CHRONIC, RECURRING, or LONG-TERM health issues? NO / YES

If YES, please explain:____________________________________________________________________

Is your pet presently on medication or receiving other treatment for this issue? NO / YES

If YES, please explain under MEDICATION INFO

Is your pet presently on medication or receiving treatment for any SHORT-TERM health issues?

NO / YES If YES, please explain under MEDICATION INFO

MEDICATION INFORMATION

Name of Medication:______________________Dosage:_____________Frequency:_________________

Reason for Medication:______________________________________________________________________

Name of Medication:______________________Dosage:_____________Frequency:_________________

Reason for Medication:______________________________________________________________________

Name of Medication:______________________Dosage:_____________Frequency:_________________

Reason for Medication:______________________________________________________________________

Does your pet have any known allergies? NO / YES

If YES, please list:__________________________________________________________________________

Does your pet have any dietary restrictions or food sensitivities? NO / YES

If YES, please explain:____________________________________________________________________

Has your pet undergone surgery for any reason OTHER THAN spay/neuter or routine dental work? NO / YES If YES, please explain: ______________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Owner's Signature______________________________________________ Date_____________________