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Welcome to Vet Care/Veterinary Surgical Centers of the Delta

Please take time to fill out this questionnaire in an effort to help us treat your pet most effectively!

1. **Briefly**, what condition is your pet being seen for? How long has this condition been present? Has the condition worsened?
2. Who is your regular veterinarian/which veterinary hospital referred you? (we wish to thank them, and update their medical records with this visit!)
3. Are there x-rays (radiographs) or pertinent lab-work with you today?
4. Has your pet been fasted this morning?
5. Is your pet on any medications? (besides heartworm and flea preventative)
6. Has your pet been hospitalized with a major medical condition in the past? If yes, briefly described the diagnosis.

7. Has your pet ever had a seizure? (currently, or in the past, have you given medication for a seizure)

8. Describe your pet's normal appetite. (ie. picky, good/eager eater) Special diets? Water intake? (ie. normal/excessive)

9. Does your pet have any allergies to which we should be aware?

10. Please Note: Leaving personal effects (except for travel carriers) with your pet during hospitalization (ie. collars, leashes, T-shirts, favorite blankets) is discouraged. These items can become soiled, separated from their respective 'owners', and occasionally mislaid. We will make every attempt to accommodate individual exceptions, but please be aware that personal effects may become unavoidably lost.