



aVerdure

Pet Questionnaire

South Hills PT Clinic
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Date _____

Name _____ Phone _____

Address _____ Email _____

City/State/Zip _____

Pet Name _____ Species _____ Sex _____

Breed _____ Age _____ Spayed ___ Neutered___ Intact___

Weight _____ Type of food/water bowls (circle): plastic metal ceramic

ID chip? _____ If plastic, what color? _____

Primary Diet (brand name, if raw, give portions) _____

How long have you been feeding the primary diet? _____

Recent dietary changes? _____

Stool (circle all that apply): Brown Black Tan Runny Shiny/Mucous

Amount fed at each meal/ number of meals per day _____

Where do you store your food? _____

How often do you purchase/cook new food? _____ Microwave food? _____

Treats, what kind and how often? _____

Water (circle): tap filtered bottle pond Bad breath? _____

(More questions on the other side)

Vitamins or supplements (list) _____

Exercise and how often: Walks _____ Backyard _____ Dog Park _____
Other _____ Eats dirt? _____ Eats grass? _____

Baths? _____ How often? _____ Shampoo brand _____

Toys? _____

Other pets in household (list) _____

Are they fed in the same area? _____

Who is the most dominant pet, next dominant, etc. _____

Separation anxiety? _____ Travels in car well? _____ Hot? (pants a lot, lies on cool floor) _____

Medical history: Last vaccinated for rabies: _____ distemper and others _____

Flea/Tick repellent (Front Line, essential oils, etc.) _____

Antibiotics within the past 3 years? _____ Medications (Please list & give dosage):

Does your pet pass gas? _____

Reason for nutrition consultation (referring vet) _____

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Examination:

Gluten/skin _____

Notes: _____