

LUDLAM DIXIE ANIMAL CLINIC
WWW.HOLISTICANIMALCLINICOFMIAMI.COM
WWW.NATURALPETDOC.COM

Phone: 305-662-4202
Fax: 305-662-7973

QUESTIONNAIRE

PET NAME _____ AGE _____ SPAYED/NEUTERED Y OR NO

PRIMARY PROBLEM _____

_____ HOW LONG _____

HAS YOUR PET BEEN TREATED FOR THIS PROBLEM BY ANOTHER VET
Y OR NO

HAS YOUR PET BEEN SEEN BY A VET RECENTLY Y OR NO
WHEN _____

HAVE RADIOGRAPHS (X-RAYS) BEEN TAKEN Y OR NO
WHEN _____

HAS YOUR PET HAD BLOODWORK DONE IN THE LAST THREE MONTHS
Y OR NO

HAS YOUR PET EVER HAD ANY ALLERGY TESTING DONE Y OR NO

LIST ANY MEDICINES YOUR PET IS TAKING _____

PRIMARY FOODS EATEN _____

SNACKS _____

VITAMINS, SUPPLEMENTS _____

DO YOU FEED TABLE FOODS OR RAW DIETS Y OR NO
LIST _____

IS YOUR PET A GOOD EATER Y OR NO
WHAT BRAND OF FOOD DO YOU FEED _____

HOW OFTEN DO YOU FEED YOUR PET 1X 2X FREE CHOICE

IS YOUR PET'S PROBLEM WORSE AT NIGHT, DAY, OR DOESN'T MATTER

IS YOUR PET ON HEARTWORM PREVENTION Y OR NO

HAS YOUR PET EVER HAD A DEWORMING FOR PARASITES Y OR NO

DO YOU APPLY FLEA AND TICK PREVENTATIVES TO YOUR PET Y OR NO
IF SO WHICH DO YOU USE_____

IF YOUR PET IS CAINE (DOG) DO YOU GIVE RIMADYLE, ETOGESIC,
PREVICOX OR TRAMADOL Y OR NO WHAT DOSE_____

HAS YOUR PET BEEN VACCINATED RECENTLY Y OR NO WHEN_____

DO YOU BATH YOUR PET Y OR NO IS HOW OFTEN_____

DO YOU HAVE TITERS DONE ON YOUR PET (VACCINE TITTERS) Y OR NO

HOW DO YOU CONSIDER YOUR PETS ATTITUDE TO BE_____

IS YOUR PET AFRAID OF STRANGERS Y OR NO

DO YOU HAVE OTHER PETS Y OR NO HOW MANY_____

DOES YOUR PET SLEEP INSIDE OR OUTSIDE_____

DOES YOUR PET SLEEP WELL Y OR NO

AT WHAT AGE DID YOU GET YOUR PET_____

HAS YOUR PET EVER HAD ACUPUNCTURE, CHIROPRACTIC OR ANY
OTHER COMPLIMENARY THERAPY Y OR NO LIST_____

PLEASE LIST ANY OTHER RELEVANT POINTS THAT WILL HELP US BETTER
DEFINE AND TREAT YOUR PET_____

MAY WE CONTACT YOUR VET FOR RECORDS AND FURTHER
INFORMATION Y OR NO
IF SO WHAT IS THEIR PHONE NUMBER_____

THANK YOU
ROBERT FERRAN DVM