



# Spay Neuter Network Surgery & Wellness Health Questionnaire & Exam Form

Owner: \_\_\_\_\_ Pet \_\_\_\_\_

1. How long have you had your pet? \_\_\_\_\_
2. Has your pet been tested for Heartworms or Feline Leukemia?  Yes  No  
If yes when? \_\_\_\_\_ Results? \_\_\_\_\_
3. Has your pet been sick in the past 2 weeks?  Yes  No  
*(Illnesses include: Coughing, sneezing, Vomiting, Diarrhea, Weight loss, Loss of Appetite)*
4. Is your pet currently on heartworm prevention?  Yes  No
5. Has your pet had ANY surgery in the past?  Yes  No
6. Has your pet been dewormed?  Yes  No  
When? Which medication? \_\_\_\_\_
7. Has your pet ever had an allergic reaction to a vaccination or ANY medication?  Yes  No
8. What vaccines has your pet had this year?  Yes  No  
*What Vaccines?*  Rabies  Distemper/Parvo  Bordetella  
 FIV  FVRCP  
*Last Vaccinated?* \_\_\_\_\_
9. Is your pet currently taking any medications?  Yes  No
10. Has your pet ever been diagnosed with any skin condition?  Yes  No
11. Females: Is your pet possibly in-heat or pregnant?  Yes  No
12. Does your pet live inside or outside?  Inside  Outside

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### Clinic Use Only Below This Line

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Temp: \_\_\_\_\_ °F Pulse: \_\_\_\_\_ (bpm) Resp.: \_\_\_\_\_ (bpm) BCS: \_\_\_\_/9

	Normal	Abnormal	Explanation
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mammary Glands	<input type="checkbox"/>	<input type="checkbox"/>	_____
Testicles	<input type="checkbox"/>	<input type="checkbox"/>	_____

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