

**Parkdale Veterinary Clinic Pre-Examination Questionnaire**

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Best phone number to call for appointment: \_\_\_\_\_

Have you been in contact with anyone who has tested positive for Covid in the past 2 weeks? **Y / N**

Have you tested positive for Covid in the past 2 weeks? **Y / N**

Have you travelled both within Canada or outside of Canada in the past 2 weeks? **Y / N**

Are you allergic to peanut butter? **Y / N**

Pet Insurance: Y / N If yes, specify (policy #): \_\_\_\_\_

Presenting Concerns/ Reason for visit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications/ treatments/ supplements (ie last dose given, frequency, dosage etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Behavior: Normal / Abnormal (please specify: \_\_\_\_\_)

Appetite: Normal / Abnormal (please specify: \_\_\_\_\_)

Drinking: Normal / Abnormal (please specify: \_\_\_\_\_)

Urination: Normal / Abnormal (please specify: \_\_\_\_\_)

Bowels: Normal / Abnormal (please specify: \_\_\_\_\_)

Vomiting: Yes / No / Occasionally

Sneezing: Yes / No / Occasionally Coughing: Yes / No / Occasionally Off leash: Yes / No / Occasionally

Hiking/ camping: Yes / No / Occasionally

Mobility issues: Yes / No If yes, specify: \_\_\_\_\_

Travel plans: Yes / No If yes, specify: \_\_\_\_\_

Deworm (Internal parasite prevention) : Yes / No If yes, specify: \_\_\_\_\_ Do you need more? : Yes / No

External Parasite Prevention (tick, flea and lice) : Yes / No If yes, specify: \_\_\_\_\_ Do you need more? : Yes / No

Nutrition (Describe everything you feed throughout the day, from first thing in the morning to when you go to bed and how much you are feeding currently.) Any food allergies?

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Additional Questions?

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**Note: Please bring this questionnaire with you to the appointment. If you do not have the questionnaire completed at the time of your appointment, we may not be able to answer all of your questions at the time of the appointment and may need to follow up with you via email to address your remaining questions.**

**We do ask that you give the clinic a call when you arrive for your appointment. Please be patient, as due to Covid protocols, Parkdale Veterinary Clinic is experiencing high call volumes due to their locked down policy and curbside appointments. We will be with you to assist you as soon as we can.**

**Please specify which make and model of vehicle you are in so that one of the team members can easily identify where you are located in the parking lot.**

**When the clinic is all cleaned and ready to go, we will let you know by giving you a wave or thumbs up. Please have your dog on a leash and your cat in a carrier for easy transfer to one of the Parkdale team members.**

**When the preliminary exam is completed, please ensure you have enough phone battery and are by the preferred phone that was specified to call for the appointment.**

**When the invoice is finalized, one of the Parkdale team members will come out with any medications, and the wireless terminal to process payment and transfer your pet back to you.**

**For additional copies of this questionnaire, please visit our website at [parkdalevetclinic.com](http://parkdalevetclinic.com), go to the contact us page and find the questionnaire there.**

**For food and supplement special orders, Parkdale is moving to special orders through their online store at [parkdalevetclinic.clientvantage.ca](http://parkdalevetclinic.clientvantage.ca) with ONLY HOME DELIVERY OPTION. This is due to the occurrence and relevant numbers of Covid-19 in the community, for Parkdale team member and client safety, as well as due to limited room to store special orders in the clinic.**

**Thank you for your patience and we appreciate you working with Parkdale during this time!**