



North East Animal Hospital
1771 W Pulaski Hwy. Elkton, MD 21921
443-877-6556

Sick Exam Check in Questionnaire

1.) What symptoms is your pet displaying that brings them in today and when did it start?

2.) Is your pet eating and drinking normal? Yes No

If no, please explain. _____

3.) Is your pet urinating and defecating normally?

Yes No

If no, please explain. _____

4.) What type of food are you feeding your pet? Are you feeding wet and dry?

5.) Has there been any vomiting, diarrhea, coughing or sneezing?

Yes No (How many times a day, how much, how often and is there any blood seen?)

If yes, please explain. _____

6.) Has there been any limping or lumps that are of any concern?

Yes No (If limping was there an injury, which leg/paw, when did it start, and any meds given?)

If yes, please explain. _____

7.) Is your pet spayed or neutered? _____

8.) If your pet is a cat are they indoor or outdoor? _____

9.) Is your pet on any preventatives (heartworm or flea and tick)?

Yes No

If yes, which prevention? _____

10.) Is your pet on any other medications? _____