

Good Hands Veterinary Hospital

2391 Daniels Bridge Rd, Athens GA 30606
706-613-1880 goodhandsvets@gmail.com
www.goodhandsvet.com

David Lavernoich, DVM
Heather Falany, DVM
Jessica Izlar, DVM
Saskia Houghton, DVM
Kim Lathrup, DVM

General Health Questionnaire

Pet's Name: _____

1. Do you have any concerns regarding your pet's health today?
2. What diet are you currently feeding your pet? Does the label say that the diet is "Grain Free"?
3. How much are you feeding daily? How many times do you feed daily?
4. Does your pet have a good appetite?
5. Has there been any change in water intake at home?
6. What brand of heartworm prevention do you give, if any? Do you give this monthly or seasonally?
7. What brand of flea/tick prevention do you give, if any? Do you give this year round or seasonally?
8. Do you give any other medications or supplements? If yes, what and how often?
9. Do you need any medications refilled today?
10. Is your pet having any orthopedic issues currently?
11. Do you have any other questions for the doctor today?