

# Good Hands Veterinary Hospital

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## 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?