All Creatures...
Animal Hospital

Boarding Exam Questionnaire

Pet's name: _____ Owner first and last name: _____

Please check all issues your pet is experiencing:

☐ Coughing	☐ Sneezing	☐ Vomiting
☐ Diarrhea	☐ Wheezing	☐ Eye discharge
☐ Eye squinting	☐ Ear discharge	☐ Ear odor
☐ Scratching/itching	☐ Licking	☐ Scooting
☐ Limping	☐ Signs of pain	☐ Decreased activity
☐ Fleas	☐ Other parasites	☐ Personality changes
☐ Increased thirst	☐ Decreased thirst	☐ Increased appetite
☐ Decreased appetite	☐ Weight loss	☐ Weight gain

☐ Other issue: _____

Where have you noticed the issue:

☐ Nose	☐ Mouth	☐ Eyes	☐ Ears	☐ Neck
☐ Back	☐ Chest	☐ Armpit	☐ Abdomen	☐ Rear
☐ Groin	☐ Front leg	☐ Rear leg	☐ Front paw	☐ Rear paw
☐ Tail	☐ Nail	☐ Other: _____		

When did you first notice the symptom? _____

How frequently is it occurring? _____

Please describe any accidents, food changes, or events that have occurred leading up to the symptom:

_____

_____

Anything else we should know? _____

_____