

# TCVM Pet Questionnaire

PET INFORMATION		
Owner Name: _____	Pet Name: _____	
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat  <input type="checkbox"/> Other: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  <input type="checkbox"/> Neutered Male <input type="checkbox"/> Spayed Female	
Breed: _____	Age: _____	Weight: _____
Reason for appointment/major concerns: _____ _____ _____		
When did the problem(s) start? _____ Better or worse during certain times of day or night? _____ _____		
What other conditions cause your pet's problem(s) to worsen? _____ _____		
Diet (including treats & people food): _____ _____		
Medications & Preventatives (include name, amount, & frequency): _____ _____ _____		
Supplements (include name, amount, & frequency): _____ _____ _____		
Has your pet ever had, been diagnosed with, or been treated for (check all & describe):		
<input type="checkbox"/> Allergies: _____	<input type="checkbox"/> Seizures	
<input type="checkbox"/> Cancer: _____	<input type="checkbox"/> Pacemaker	
<input type="checkbox"/> Currently used for breeding, is pregnant, or nursing		
<input type="checkbox"/> Other: _____		

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## PET PERSONALITY ASSESSMENT

Check all boxes that best describe your pet:

FIRE	
<b>Normal:</b> <input type="checkbox"/> lively <input type="checkbox"/> communicative <input type="checkbox"/> very friendly <input type="checkbox"/> affectionate <input type="checkbox"/> loves to be petted <input type="checkbox"/> center of the party	<b>Abnormal:</b> <input type="checkbox"/> insomnia <input type="checkbox"/> separation anxiety <input type="checkbox"/> restless <input type="checkbox"/> excess heat <input type="checkbox"/> rapid heart rate <input type="checkbox"/> heart problems

WOOD	
<b>Normal:</b> <input type="checkbox"/> decisive <input type="checkbox"/> assertive <input type="checkbox"/> confident <input type="checkbox"/> strong <input type="checkbox"/> impulsive <input type="checkbox"/> athletic (high stamina) <input type="checkbox"/> alpha animal	<b>Abnormal:</b> <input type="checkbox"/> ligament problems <input type="checkbox"/> liver problems <input type="checkbox"/> red eyes <input type="checkbox"/> angers easily <input type="checkbox"/> ear problems <input type="checkbox"/> nail problems <input type="checkbox"/> footpad problems <input type="checkbox"/> anal sac issues

EARTH	
<b>Normal:</b> <input type="checkbox"/> relaxed, laid back <input type="checkbox"/> sociable <input type="checkbox"/> round and large <input type="checkbox"/> loyal <input type="checkbox"/> serene and balanced <input type="checkbox"/> cares for others (motherly)	<b>Abnormal:</b> <input type="checkbox"/> diarrhea <input type="checkbox"/> constipation <input type="checkbox"/> loss of appetite <input type="checkbox"/> vomits <input type="checkbox"/> gum disease <input type="checkbox"/> weak muscles <input type="checkbox"/> overeats, overweight <input type="checkbox"/> worries

WATER	
<b>Normal:</b> <input type="checkbox"/> careful <input type="checkbox"/> curious <input type="checkbox"/> self-contained <input type="checkbox"/> likes to hide <input type="checkbox"/> slow and consistent	<b>Abnormal:</b> <input type="checkbox"/> rear weakness <input type="checkbox"/> fearful <input type="checkbox"/> bone or back issues <input type="checkbox"/> urinary problems <input type="checkbox"/> disturbed growth <input type="checkbox"/> deafness <input type="checkbox"/> reproductive problems

METAL	
<b>Normal:</b> <input type="checkbox"/> loves order <input type="checkbox"/> obeys the rules <input type="checkbox"/> aloof <input type="checkbox"/> symmetrical body <input type="checkbox"/> disciplined attitude <input type="checkbox"/> good haircoat	<b>Abnormal:</b> <input type="checkbox"/> asthma <input type="checkbox"/> dry skin <input type="checkbox"/> sinus problems <input type="checkbox"/> breathing problem (lung disease) <input type="checkbox"/> nose problems <input type="checkbox"/> cough

## PET CLINICAL SIGNS ASSESSMENT

Land & Sea Veterinary Services, LLC  
 Michelle Kordupel, DVM, CVA

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*Check all boxes and describe as necessary:*

	Normal/None	Increased	Decreased	Other
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Behaviour Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Activity Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Urination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sneezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stiffness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Normal/None	Hot	Cold	Other
Temp. Preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



Land & Sea Veterinary Services, LLC  
Michelle Kordupel, DVM, CVA