

Vaccine Appointment Questionnaire

Pet's Name: _____ Owner's First & Last Name: _____

If your pet is experiencing any of the following, please explain:

Changes in energy level or disposition: _____ NO
YES: _____

Changes in weight: _____ NO
YES: _____

Changes in appetite or water consumption: _____ NO
YES: _____

Changes in stool or urinary habits: _____ NO
YES: _____

Sneezing or coughing: _____ NO
YES: _____

Has your pet ever had an allergic reaction to a vaccination? Yes No Unsure

Does your pet's grooming or boarding facility require a Bordetella to be done every 6 months? Yes No

Name of facility if you are unsure: _____

Which vaccine(s) were you coming in for today? Select all that apply.

Dogs: DHPP Cats: FVRCP
Bordetella FELV
Rabies Rabies
Influenza

We ask these questions to make sure your pet is healthy enough for vaccinations today. If you have any questions regarding your pet's health, please make an appointment with a doctor prior to vaccination to evaluate your pet and answer your concerns.

Vaccine reactions can occur and are usually within 24 hours of administration. Reactions may include, but are not limited to: pain or a lump at the injection site, fever, difficulty breathing, facial swelling, severe lethargy, vomiting or diarrhea, hives. If you are worried that your pet may be having a reaction, call us immediately.

-Bay Animal Hospital Staff Use Only-

<u>Weight / Temperature</u>	<u>Vaccine Stickers</u>

Client Signature: _____ Date: _____