



**Borash Veterinary Clinic**  
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### CANINE & FELINE SURVEY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Does your pet have any of the following? Circle all that may apply: Coughing / Sneezing / Vomiting / Diarrhea
Have there been any changes in the following:
<input type="checkbox"/> Appetite: increase or decrease
<input type="checkbox"/> Water Intake: increase or decrease
<input type="checkbox"/> Activity level: increase or decrease
Has your pet received any vaccinations? ____ YES ____ NO - Where?
Does your pet have any past illnesses or conditions?
Is your pet on any prescription medications? ____ YES ____ NO - Type and dose:
Is your pet on any supplements or vitamins? ____ YES ____ NO - Type and dose:
Does your pet have any allergies or sensitivities? ____ YES ____ NO
Which of the following applies to your pet?
<input type="checkbox"/> Exclusively indoors, never goes out, never has contact with other pets
<input type="checkbox"/> Mostly indoors, occasional walks in confined area, never boarded or groomed
<input type="checkbox"/> Indoors and outdoors, access to outside, walks in public areas, goes for boarding or grooming
<input type="checkbox"/> Outdoors, access includes significant exposure to other pets and a wide range of outdoor environments
Does your pet hunt? ____ YES ____ NO Does your pet fight with other animals? ____ YES ____ NO
Do you live in or visit an area with ticks? ____ YES ____ NO
Is your pet exposed to wildlife, rodents, or livestock? ____ YES ____ NO
Are you familiar with heartworm/ intestinal parasite prevention? ____ YES ____ NO / Have you started this already?
Are you familiar with flea / tick prevention? ____ YES ____ NO / Have you started this already?
Does your pet have an identification tag on? ____ YES ____ NO
Does your pet have a permanent microchip ID? ____ YES ____ NO
Current Diet: What brand of food does your pet eat? _____ Dry / Wet / Both
How much do you give per feeding? _____ How often? _____ Treats? _____
How often do you do the following:
Brushing your pets teeth: ____OFTEN ____ SOMETIMES ____NEVER Other dental care?
Brush out hair coat: ____OFTEN ____ SOMETIMES ____NEVER
Check / clean ears: ____OFTEN ____ SOMETIMES ____NEVER
Clip nails: ____OFTEN ____ SOMETIMES ____NEVER
Does your pet have any behavioral problems you are concerned about?
Do you have any particular questions for the Technician / Veterinarian today?
Do you have any other pets at home?