

Vet Check Questionnaire

Enter this info online at: http://www.magdrl.org/forms_brochures.htm

Date: _____ Applicant's E-mail Address: _____
Applicant's Name: _____ Phone: _____
Applicant's Address: _____
Name of Vet: _____
Vet Clinic Name: _____ Phone: _____
Vet Clinic Address: _____

Questions

1. How long has client been with this vet? _____
2. Name and type of pet(s) listed at the vet's office: _____

3. Last vet visit? _____ Reason for visit: _____

4. Spayed or neutered (all listed pets)? _____
5. Last annual exam? _____ Last time vaccinations were given? _____
6. Dogs current on heartworm preventative? Yes No
7. Any pets that died? Yes No
 - a) Of what? _____
 - b) If treatable, what was done to extend the life or to make things easier for the vet? _____

8. Any comments from the vet or clinic that are pertinent? _____

9. Additional comments/observations: _____

10. Name of Interviewer: _____