



## SPAY & NEUTER CENTER OF SOUTHERN NEVADA

EAST: 3475 E. Flamingo Rd. # 500 | WEST: 3210 S. Decatur Blvd. # 150

PHONE: 702-240-7729 (SPAY) · EMAIL: [info@spayneuterlv.com](mailto:info@spayneuterlv.com)

[www.SpayNeuterLV.com](http://www.SpayNeuterLV.com)

### Pet Health Questionnaire

Patient Name: \_\_\_\_\_

Have you owned your pet since it was a kitten/puppy?

Is your pet currently in good health?

If “no”, describe concerns: \_\_\_\_\_

Is your pet eating/drinking normally?

Any vomiting, diarrhea, coughing, or sneezing in the past week?

If “yes”, please describe: \_\_\_\_\_

Has your pet ever had to go to the vet for illness or injury?

If “yes”, when & for what? \_\_\_\_\_

Is your pet on any medications? Meds: \_\_\_\_\_

Has your pet ever had a vaccine reaction (hives, vomiting, facial swelling, etc.)?

If “yes”, please describe: \_\_\_\_\_

When did your pet last eat?

#### **For female pets:**

When was your pet’s last heat cycle (if none yet, write N/A)? \_\_\_\_\_

If in the last 2 months, is there any chance your pet is pregnant today?

Has your pet had any previous pregnancies? If “yes”, how many?

#### **For cats:**

Does your cat ever go outside?

Does your cat fight or breed with other cats?

#### **For adult pets over 3 years old:**

Why have you elected to spay/neuter your pet at this time?

\_\_\_\_\_

Have you had blood work performed on your pet recently?

If “yes”, when?