

## NEW CLIENT QUESTIONNAIRE

### COUNTY ANIMAL CLINIC, INC.

Ronald C. Anders, D.V.M. , C.V.A., C.C.R.P.

800 North 7th Street

Coldwater, Ohio 45828

419-678-3610 or 800-868-VETS (8387)

countyanimalclinic@gmail.com

[www.countyanimalclinic.net](http://www.countyanimalclinic.net)



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Client's Name \_\_\_\_\_

Pet's Name \_\_\_\_\_ Phone \_\_\_\_\_

#### CHECK ONE:

I feel that my pet is a member of the family.

I feel my pet is just a pet.

#### CHECK ONE:

I prefer to be present when my pet is treated.

I would rather not see my pet examined and treated.

#### CHECK ONE:

I want the best medical care available for my pet. Please recommend anything you feel is necessary for good health

I want good medical care for my pet, but there is a limit to what I am able to have done. Please explain my options.

I want you to perform only the services that I request.

#### CHECK ONE:

I want to learn as much as I can about pet health care. Please explain in detail what has been done for my pet or what is needed.

I prefer you just summarize what has been done for my pet or what is needed.

I want my pet healthy but do not need to know what has been done.

When is the best time to reach you at home? \_\_\_\_\_

What is the best daytime phone number to reach you? \_\_\_\_\_

*Please call us by phone if someone other than the admitting guardian is going to pick up your pet.*

#### BEHAVIORS

##### Does your pet exhibit any of these behaviors?

Excessive barking

Biting or Nipping

Digging

Straying from home

Poor socializing with kids

Chewing

Hyperactivity

Jumping

Urinating or Spraying in the house

Not coming when called

Would you be interested in learning how to improve your pet's manners?  Yes  No

How old was your pet when you first acquired it? \_\_\_\_\_

Is this your first pet?  Yes  No

What is your pet's primary role in your life? \_\_\_\_\_

How many hours is your pet outside each day? \_\_\_\_\_

Does your pet sleep with you at night?  Yes  No

Would you like to be informed about workshops that we offer to our clients?  Yes  No

Would you like us to keep you informed about procedures to lengthen your pet's life?  Yes  No

What information do you want the doctors and staff to know about your pet to better serve you ?

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THANK YOU FOR ANSWERING OUR QUESTIONS