

LITTLE RIVER VETERINARY CLINIC 4000 BURKE STATION ROAD FAIRFAX VA 22032 703-273-5110

[www.littlrivervetclinic@aol.com](mailto:www.littlrivervetclinic@aol.com)

Please fill out this questionnaire to bring with you if you are boarding a pet that has medical concerns or needs to see one of our veterinarians during their stay at our facility.

IN BOARD EXAM QUESTIONNAIRE

Owners Name: \_\_\_\_\_ Pets' Name \_\_\_\_\_ Date: \_\_\_\_\_

Has your pet experienced any recent...

Coughing? **Y / N** If yes, explain: \_\_\_\_\_

Sneezing? **Y / N** If yes, explain: \_\_\_\_\_

Vomiting? **Y / N** If yes, explain: \_\_\_\_\_

Diarrhea? **Y / N** If yes, explain: \_\_\_\_\_

Scratching/Itching **Y/N** If yes, explain: \_\_\_\_\_

Is your pet **eating** normally? **Y / N** If no ,explain:  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet **drinking** normally? **Y / N** If no, explain:  
\_\_\_\_\_  
\_\_\_\_\_

Is your pet **urinating/defecating** normally? **Y / N** If no, explain:  
\_\_\_\_\_

**Diet:** What brand & type of food (dry or wet) are you feeding; how often and how much?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications** (including over the counter products):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HW Prev.?** **Y / N** If yes, type: \_\_\_\_\_

**Flea/Tick Prev.?** **Y / N** If yes, type: \_\_\_\_\_

Please write additional information on the reverse side of this form if needed.