

## CLIENT QUESTIONNAIRE - FOLLOW-UP EVALUATION

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yyyy

### Patient information

Name: \_\_\_\_\_ Current body weight: \_\_\_\_\_ lb

Since your last visit, you have observed on your dog: ☐ only ticks ☐ only fleas  
☐ ticks and fleas ☐ none

Have you experienced any problems using the tick prevention product? ☐ yes ☐ no.

If yes, please specify: \_\_\_\_\_

### Treatment evaluation

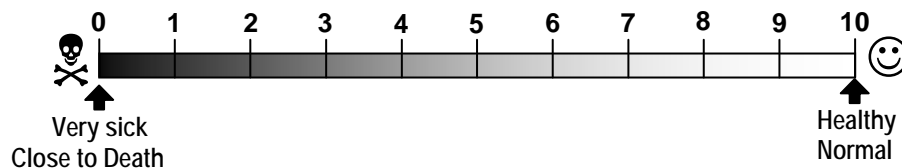
Has your dog received treatment since last visit? ☐ yes ☐ no. If yes, for how many days? \_\_\_\_\_

Have you interrupted, suspended, or finished the medical treatment? ☐ yes ☐ no.

If yes, please indicate last date of treatment? \_\_\_\_\_ mm/dd/yyyy

**In comparison with your last visit**, do you believe that your dog is: ☐ better today  
☐ worse today  
☐ the same as last visit

In your opinion, what is the **current level of your dog's health status**. Consider "10" if your dog is back to normal and "0" if your dog's health is bad as possible. You can circle the number or draw an arrow at any level, not necessarily on the numbers.



**If your dog is not 100% recovered**, what signs have you or another person observed in your dog since the last evaluation? (check any sign present)

<input type="checkbox"/> Apathy/Lethargy	<input type="checkbox"/> Red eyes	<input type="checkbox"/> Reluctance to move	<input type="checkbox"/> Swollen joints
<input type="checkbox"/> Lost of appetite	<input type="checkbox"/> Skin rash	<input type="checkbox"/> Stiffness	<input type="checkbox"/> Neck pain
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Skin bruising	<input type="checkbox"/> Unsteady gait	<input type="checkbox"/> Seizures
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Gum bleeding	<input type="checkbox"/> Limp	Other(s): _____
<input type="checkbox"/> Nasal bleeding	<input type="checkbox"/> Black/bloody stool	<input type="checkbox"/> Painful joints	_____

Client printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

## VETERINARIAN QUESTIONNAIRE - FOLLOW-UP EVALUATION

Veterinarian's name: \_\_\_\_\_ Name of practice: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Body score from 1 to 9 (1 too thin and 9 too heavy): \_\_\_\_\_ Body temperature: \_\_\_\_\_ °F

Ticks or fleas at the time of follow-up examination: ☐ only ticks ☐ only fleas  
☐ ticks and fleas ☐ none

If ticks were detected, indicate the level of infestation in your opinion:

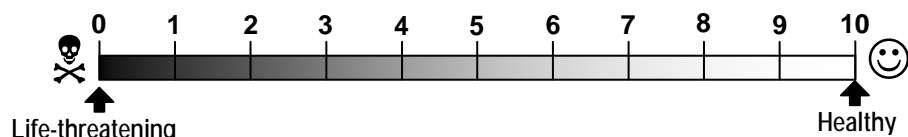
☐ Low (1 to 5 ticks) ☐ Moderate (>5 ticks) ☐ Severe (uncountable)

**Treatment evaluation:** please describe any treatments administered/prescribed since the last visit:

Drug	Dose / Frequency / Period

Drug	Dose / Frequency / Period

Mark below on the scale the **degree of clinical severity of the patient** at the time of the presentation. You can circle the number or draw an arrow at any level, not necessarily on the numbers.



Check any clinical abnormalities identified during current examination:

☐ Anorexia ☐ Joint pain ☐ Diarrhea Others: \_\_\_\_\_  
☐ Lameness ☐ Bleeding ☐ Neurological signs \_\_\_\_\_  
☐ Vomiting ☐ Neck pain ☐ Uveitis/Choroiditis \_\_\_\_\_

### Concomitant diseases

Please list below any concomitant abnormality or disease **associated or not** associated with the current illness: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➔ Please, attach any laboratory test result (blood work, urinalysis, Combs' test, etc.) generated during the follow-up exam. Thank you for your collaboration!

Date: \_\_\_\_\_  
mm/dd/yyyy

Veterinarian's signature: \_\_\_\_\_