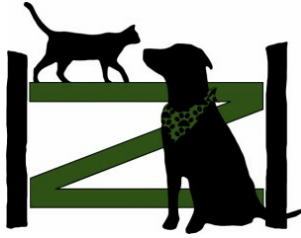


Curbside Questionnaire



Zionsville Country Veterinary Clinic

6971 Central Blvd, Zionsville, IN 46077
317-769-7387 (phone) 317-769-4835 (fax)
zcvc@tds.net (email)

Shari Lyons, DVM Rick Lyons, DVM
Melissa Pearson, DVM
Alice Johns, DVM

Pets name: _____ Client name: _____

Why are we seeing your pet today?

What brand of food are you currently feeding your pet? _____

How much are you feeding and how often? _____

Is your pet's appetite normal? _____ Has your pet lost or gained weight? _____

What dental care do you provide for your pet? _____

Have you traveled recently with your pet? _____

Has your pet had any tick exposure? _____

Have you noticed any new lumps or bumps on your pet? _____

Is your pet urinating and defecating regularly? _____

Is your pet displaying any of the following symptoms:

Coughing _____ Vomiting _____ Diarrhea _____ Increased thirst/urination _____

What heartworm and flea/tick preventive are you using? _____

Do you need any refills? _____ If yes, how many of each? _____

Is your pet currently on any medications? _____ If so, please list below:

1. _____
2. _____
3. _____

Do you need any refills? _____

Are you currently using any additional treatment methods? _____ If so, what?

COVID-19 NOTE:

Please let us know if you are experiencing any respiratory symptoms or have been exposed to someone who has tested positive for COVID-19. If you fit the above criteria, for the safety of our team, we request you NOTIFY US and if possible have someone else bring your pet to the clinic. We wear our masks for your protection as well as ours. We appreciate you keeping as much physical distance as possible when we collect your pet. Thank you very much and please stay safe!

Cell phone # _____