Ph.No.28115898 (Clinic)

  **Dr.S.R. VAISHAMPAYAN** M.D.30133

QUESTIONAIRE FOR PETS:

 CONSULTING HOMOEOPATHIC PHYSICIAN

 Reg.No.\_\_\_\_\_\_\_\_\_\_\_ Index. \_\_\_\_\_\_\_\_\_\_ Date. \_\_\_\_\_\_\_\_\_\_\_\_ Physician. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age. \_\_\_\_\_\_\_\_\_ Sex. \_\_\_\_\_\_\_\_\_\_

Mate. \_\_\_\_\_\_\_\_\_\_\_\_ Father. \_ \_\_\_\_\_\_\_\_\_\_\_ Mother: \_\_\_\_

Siblings : \_\_\_\_\_\_\_\_\_ Off springs.\_\_\_\_\_\_\_\_

Occupation & Address of the owner. \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Indoors/Outdoors: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| BREED |  |
| BIRTH DATE/DATE OF INTRODUCTION TO THE OWNERS HOUSEHOLD |  |
| HISTORY OF PARENTS |  |
| DIET |  |
| INTERACTION WITH FAMILY MEMBERS |  |
| HEIGHT AND WEIGHT |  |
| HISTORY OF COMPLAINTS |  |
| VACCINATIONS ANDMEDICATION |   |

**\* KINDLY SEND ONE PHOTOGRAPH OF THE PET WHEN HE WAS BROUGHT TO THE FAMILY.**

**\* VIDEOS OF THE PET**