



T: 604-473-4882  
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**CANADA WEST**  
VETERINARY SPECIALISTS

**PET OWNER FORM**

1988 Kootenay Street  
Vancouver, BC V5M 4Y3  
canadawestvets.com

# Neurology Consultation Questionnaire

PLEASE PRINT CLEARLY. This information is for hospital communication purposes only.

**OWNER NAME: First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**PET'S NAME:** \_\_\_\_\_

## PATIENT INFORMATION

☐ Dog ☐ Cat ☐ Other **Breed:** \_\_\_\_\_

**Age (DOB):** \_\_\_\_\_ **Sex:** ☐ M ☐ F ☐ Spayed ☐ Neutered ☐ Intact **Colour:** \_\_\_\_\_

**Do you have insurance for this pet?** ☐ Yes ☐ No **If so, please indicate:** ☐ PetSecure ☐ Trupanion ☐ PetCare

**Origin:** ☐ Breeder ☐ Store ☐ Shelter ☐ 24 Pet Watch ☐ Petplan / Fetch

Does your pet have a bite history? ☐ Yes ☐ No

## OWNER / PRIMARY CONTACT

**Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ (so we can email you reports or information)

## ADDITIONAL OWNER / CONTACT

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Does this person also have the decision-making authority?** ☐ Yes ☐ No

**Home#:** \_\_\_\_\_ **Cell#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Relation to above:** \_\_\_\_\_

## FAMILY VET INFORMATION

**Your regular veterinary hospital:** \_\_\_\_\_

**Your veterinarian's name:** \_\_\_\_\_

**Have you been to our hospital before?** ☐ Yes ☐ No ☐ Unknown. **If so, with which pet?** \_\_\_\_\_

Professional fees are due at the time services are rendered. Surgery and hospitalization will require a deposit at the time of admittance. We accept cash, debit, Mastercard, VISA and AMEX. We do not accept personal or business cheques.

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Please provide only a one or two word answer OR just tick the appropriate box.

1. **When was he or she last normal?** \_\_\_\_\_

2. **What was the first sign that you noted?** \_\_\_\_\_

3. **Has your pet had any known exposure to bats?** ☐ Yes ☐ No

4. **Rabies vaccine current?** ☐ Yes ☐ No

5. **Any travel to Vancouver Island or outside of BC?** ☐ Yes ☐ No

If YES, please specify: \_\_\_\_\_

6. **Has your pet had any diarrhea or vomiting in the last month?** ☐ Yes ☐ No

7. **Has your pet had any coughing or sneezing in the last month?** ☐ Yes ☐ No

8. **Has your pet shown any compulsive circling?** ☐ Yes ☐ No

9. **Has your pet shown any compulsive pacing?** ☐ Yes ☐ No

10. **Has your pet shown any change in behaviour?** ☐ Yes ☐ No

11. **Has your pet shown any change in temperament?** ☐ Yes ☐ No

12. **Has your pet had trouble recognizing someone familiar?** ☐ Yes ☐ No

13. **Has your pet started urinating in inappropriate places?** ☐ Yes ☐ No

14. **Has your pet started defecating in inappropriate places?** ☐ Yes ☐ No

15. **Has your pet been staring vacantly at the walls?** ☐ Yes ☐ No

16. **Has your pet been pressing his or her head into a corner?** ☐ Yes ☐ No

17. **Has your pet been bumping into things as if they could not see?** ☐ Yes ☐ No

18. **Has your pet had any seizures?** ☐ Yes ☐ No

19. **Has your pet had any collapsing episodes?** ☐ Yes ☐ No

20. **Has your pet had any loss of balance?** ☐ Yes ☐ No

21. **Is your pet taking any medications at the moment?** ☐ Yes ☐ No

22. **Is your pet eating and drinking normally?** ☐ Yes ☐ No

23. **Has your pet had any other major illnesses or injuries?** ☐ Yes ☐ No

If YES, please specify: \_\_\_\_\_

24. **How old was your pet when you first acquired him or her?** \_\_\_\_\_

25. **Has your pet recently received aspirin (acetylsalicylic acid)?** ☐ Yes ☐ No

If YES, please specify the dose and time received: \_\_\_\_\_

26. **Do you have any other comments?**