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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:** \_\_\_\_\_

## OWNER / PRIMARY CONTACT

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

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

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

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

**Licence Plate Number:** \_\_\_\_\_ (Needed in case car is blocked / blocking others, or parked in unsafe space)

## 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 YES, please indicate:**  Trupanion  PetsPlusUs

**Origin:**  Breeder  Store  Shelter  Petsecure/Petline  24Petwatch  Fetch/Petplan

Other \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Has your pet ever bitten a person or pet? If yes, please describe:** \_\_\_\_\_

## ADDITIONAL OWNER / CONTACT

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

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

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

**Email:** \_\_\_\_\_ **Relation between you and the first contact 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. **Any travel to Vancouver Island or outside of BC?**  Yes  No  
If YES, please specify: \_\_\_\_\_
5. **Has your pet had any diarrhea or vomiting in the last month?**  Yes  No
6. **Has your pet had any coughing or sneezing in the last month?**  Yes  No
7. **Has your pet shown any compulsive circling?**  Yes  No
8. **Has your pet shown any compulsive pacing?**  Yes  No
9. **Has your pet shown any change in behaviour?**  Yes  No
10. **Has your pet shown any change in temperament?**  Yes  No
11. **Has your pet had trouble recognizing someone familiar?**  Yes  No
12. **Has your pet started urinating in inappropriate places?**  Yes  No
13. **Has your pet started defecating in inappropriate places?**  Yes  No
14. **Has your pet been staring vacantly at the walls?**  Yes  No
15. **Has your pet been pressing his or her head into a corner?**  Yes  No
16. **Has your pet been bumping into things as if they could not see?**  Yes  No
17. **Has your pet had any seizures?**  Yes  No
18. **Has your pet had any collapsing episodes?**  Yes  No
19. **Has your pet had any loss of balance?**  Yes  No
20. **Is your pet taking any medications at the moment?**  Yes  No
21. **Is your pet eating and drinking normally?**  Yes  No
22. **Has your pet had any other major illnesses or injuries?**  Yes  No

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

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

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

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

25. **Is your pet vaccinated for the following:**

<b>Feline:</b>	Rabies	FVRCP	FELV	None	Unknown / Up to Date
<b>Canine:</b>	Rabies	Bordetella	Leptospirosis	Distemper/Adenovirus/Parvovirus (DA2PP)	

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