Good Shepherd Veterinary Hospital

101 Fox Trot Dr. Mars, PA 16046
Tel: (724) 776.PETS Fax: (724) 776.7388
www.gsveterinaryhospital.com

Long-Term Medication Recheck Questionnaire

Pet's Name _____ Date _____ Staff_____

Date of Last Blood Tests _____

Test(s) Performed Today _____

Be sure to verify all information with client.

Diagnosis	Medication	Dosage	Frequency	How Long Has the Pet Been on Medication?

1. What were your pet's primary clinical signs?
   - ☐ limping ☐ coughing ☐ seizures ☐ incontinence
   - ☐ other _____

2. Please rate your pet's clinical signs.
   - ☐ improved ☐ stayed the same ☐ worsened
   - ☐ other _____

3. How well are your pet's medications benefiting your pet?
   - ☐ no improvement—poor/not helping
   - ☐ moderate improvement
   - ☐ significant improvement

4. Have you observed any of the following?
   - ☐ vomiting ☐ diarrhea ☐ decreased appetite
   - ☐ other _____

Notes: