



**THE VALE VETERINARY CENTRES**

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The Creaky Clinic Questionnaire

Please take the time to fill out this questionnaire about your pet's health in order for us to give your animal the best care, when examined by one of our registered veterinary nurses. Our nurses will discuss the answers you have given and look at any concerns you may have. Sometimes problems may be found that require referral to a veterinary surgeon, and a separate consultation may be needed.

Client Name .....

Animal Name .....

1) Does your pet enjoy exercise? More than before  about the same  less   
Other comments.....

2) Does your pet have trouble getting up in the mornings? Yes  No   
If yes please give details.....

3) Does your pet have trouble climbing the stairs? Yes  No

4) Does your pet become out of breath easily? Yes  No

5) Does your pet ever cough? Yes  No   
If yes, how often and what time of day? .....

6) Does your pets breath ever smell? Yes  No

If yes does it smell... Unpleasant  Sweet

7) What food is your pet currently on? .....

8) Has your pets appetite changed? Yes  No   
If yes please explain .....

9) Is your pet drinking more ? Yes  No

10) Have you noticed any lumps or bumps on your pet? Yes  No   
If yes how long have they been there? .....

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**Care, Compassion, Commitment**