



Dog Doc Corp., PC t/a Academy Animal Care  
3372 Pruden Blvd, Suffolk, VA 23434  
Phone: (757) 934-2272 | Fax: (757) 539-6512  
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[AcademyAnimalCare.com](http://AcademyAnimalCare.com)

## HOUSE CALL PRE-VISIT QUESTIONNAIRE

### CLIENT INFORMATION

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Best number to contact on day of House Call)*

Address of House Call: \_\_\_\_\_

I would like care for the following pet(s): \_\_\_\_\_

I request the following services (i.e. Exam, Ear Check, Lab Work for thyroid medication): \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_ Previous medical concerns and current medications: \_\_\_\_\_


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### INFORMATION FOR THIS VISIT

- I request vaccines for my pet:  YES  NO If YES, please list: \_\_\_\_\_
- I would like to discuss health or behavior concerns during this visit:  YES  NO If YES, please describe in detail: \_\_\_\_\_

- My pet may need sedation:  YES  NO
- I need prescriptions refilled:  YES  NO If YES, please list *(consider daily medications, supplements, heartworm and flea/tick preventions)*: \_\_\_\_\_

- I would like my pets' nails trimmed, ears cleaned, or anal sacs expressed:  YES  NO
- PLEASE REPORT any special instructions for arrival below *(example: Use green side door, ring doorbell, knock, etc)*: \_\_\_\_\_

 If you have cats needing care, please ensure your cats are confined to crate or a small bathroom prior to our arrival.

 If your pet needs a fecal sample checked, please collect sample prior to our arrival.

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Please notify 757-934-2273 or [recep1@academyanimalcare.com](mailto:recep1@academyanimalcare.com) as soon as possible:

- IF your schedule changes
- IF there is a better or additional number to reach you
- IF we can help your pets with additional services or medication refills

Thank you for taking the time to complete our questionnaire.

We look forward to seeing you and your pet soon, *The Academy Animal Care House Call Team*