



Neurology Questionnaire

Patient Name _____

Owner Name _____

Case # _____

What are your pet's main symptoms? When did the problem first start? Has it progressed? If you have videos, please email them to neurology@metro-vet.com.

What is your primary goal for this appointment? (Seeking further diagnostics and treatment, pain control, quality of life care, seizure control, etc)

What medications/supplements is your pet taking? Include name, strength, and dosing information.

What diet is your pet eating? Does your pet have any food allergies/restrictions?

Is your pet fully vaccinated? If not, what vaccines are they due for/have they not received?

What other major diseases/illnesses/surgeries has your pet had, if any?

Has your pet had any recent diagnostics including bloodwork, radiographs, MRI's, or other tests not mentioned?
