



NORTHSTAR VETS®
 Veterinary Emergency Trauma & Specialty Center
Leading the Way.

NEUROLOGY APPOINTMENT QUESTIONNAIRE

The following information is important in evaluating your pet. Please bring this completed form with you to your pet's appointment, or e-mail prior to: info@northstarvets.com. Completed forms may also be faxed to: (609) 259-8484. Please contact us at (609) 259-8300 with any questions.

Pet's Name: _____ Your Name: _____ Appointment Date: _____

Presenting complaint/Why is your pet here today? _____

What neurologic symptoms is your pet experiencing? Pain Weakness Balance Other: _____

How long has this been happening? _____

Symptoms began: Suddenly Gradually Was it associated with a specific event or injury? _____

Has it progressed: Better Worse _____

Have you seen a veterinarian for this current issue? _____

Have other diagnostics been performed for this issue and when? (X-rays, CT or MRI Scan, Other) _____

Medications

Have you tried medications for this problem? Yes No Which Ones? _____

Did they help? Yes No _____

Have you administered pet medications before? Yes No / If so, do you prefer Tablets Liquids

Are you satisfied with medication pricing? Yes No / Do you use coupons? Yes No



DRUG NAME	SIZE OR CONCENTRATION	DOSE	TIMES	SOURCE	DATE STARTED

Other current/past health conditions, concerns, surgeries? _____

Current diet: _____

Any known allergies: _____

For Cats: Indoor Only Outdoor Only Indoor/Outdoor

Is your pet up to date on vaccines? Yes No

Has your pet spent time in other regions out of New Jersey? Yes No If so, where? _____