

# Neurology questionnaire



Today's date \_\_\_\_\_

Owner name \_\_\_\_\_ Pet's name \_\_\_\_\_

Canine Female Spayed

Owner phone \_\_\_\_\_ Feline Male Neutered Breed \_\_\_\_\_

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**Why are you bringing your pet to see a neurologist?** Please describe the problem your pet has.

**How long has this problem been going on?** \_\_\_\_\_

**Did the problem begin suddenly, or was it gradual?** \_\_\_\_\_

**Since the problem began, do you think your pet is getting worse, getting better, or is about the same?** \_\_\_\_\_

**Do you think your pet is in pain?** Yes No

**If yes, do you believe the pain is constant or just at certain times, or in certain positions?**

\_\_\_\_\_

**Where do you think the pain is coming from?** \_\_\_\_\_

**Has your pet been treated with any medications for this problem?** Please list them and whether or not you think they have helped.

**Does your pet have any other serious medical conditions?**

**Has your pet had any other serious medical problems in the past?**

**Please list any other important information you think we should know about your pet.**