TCVM QUESTIONAIRE

What are your main concern:_____

_____

_____

_____

OWNER _____

PET _____

DATE _____ ID# _____

(Office Use: Apply Label Here)

Please make a mark next to the 5-10 traits that are most consistent with your pet's personality and being

❑ decisive	❑ joyful/outgoing	❑ relaxed, laid back	❑ quiet/intelligent	❑ careful
❑ assertive/confident	❑ lively/excitable	❑ sociable/friendly	❑ loves order	❑ fearful
❑ irritable/aggressive	❑ communicative	❑ round and large	❑ obeys the rules	❑ curious
❑ strong	❑ very friendly	❑ loyal/eager to please	❑ aloof/self sufficient	❑ self contained
❑ impulsive/impatient	❑ affectionate	❑ serene and balanced	❑ symmetrical body	❑ likes to hide
❑ athletic-stamina	❑ loves to be petted	❑ worrisome	❑ disciplined attitude	❑ meditative
❑ barks	❑ center of the party	❑ cares for others (motherly)	❑ good haircoat	❑ slow/consistent
❑ bites with little provocation	❑ vocal	❑ likes comfort	❑ takes the lead	❑ insecure

Please make a mark next to the problems your pet has. Please circle your main concern(s)

❑ ligament problems	❑ insomnia	❑ diarrhea	❑ asthma	❑ rear weakness
❑ liver problems	❑ separation anxiety	❑ constipation	❑ dry skin	❑ fearful
❑ red eyes	❑ restless/hyperactive	❑ loss of appetite	❑ sinus problems	❑ arthritis
❑ angers easily	❑ noisy	❑ obesity	❑ breathing disorders	❑ bone and back issues
❑ ear problems	❑ mental disturbance	❑ vomits	❑ nose problems	❑ urinary problems
❑ nail problems	❑ pants, seems hot	❑ gum disease	❑ nasal discharge	❑ disturbed growth
❑ footpad problems	❑ rapid heart rate	❑ weak muscles	❑ cough	❑ deafness
❑ anal sac issues	❑ heart problems	❑ over eats-obese	❑ weak voice	❑ bad teeth
❑ seizures	❑ heat intolerant	❑ worries	❑ depressed/grief	❑ dislikes cold
❑ problem worse spring	❑ problem worse summer	❑ problem worse late summer	❑ problem worse fall	❑ problem worse winter
❑ prob occurs 11pm-3am	❑ prob occurs 11am-3pm 7pm-11pm	❑ prob occurs 7am-11am	❑ prob occurs 3am-7am	❑ prob occurs 3pm-7pm

How long has the problem been going on? _____

When did the problem begin?_____

Has it changed over time?_____

HABITAT: ❑Indoor ❑Outdoor ❑Indoor/Outdoor ❑ Direct contact with other animals

DIET: _____

MEDICATION(S)/SUPPLEMENTS: ❑ No ❑ Yes

What and when last given_____

Response to medication/Supplements_____

WEIGHT: ❑ Normal ❑ Increased ❑ Decreased

ACTIVITY: ❑ Normal ❑ Increased ❑ Decreased

APPETITE: ❑ Normal ❑ Good / ravenous ❑ Good / finicky ❑ Poor or decreased

WATER INTAKE: ❑ Normal ❑ Thirsty ❑ Less thirsty ❑ Prefers cool water

URINATION: ❑ Normal ❑ Short stream, bloody, malodorous ❑ Long stream or leakage

STOOLS: ❑ Normal ❑ Loose ❑ Watery ❑ Constipated ❑ Dry
❑ Bloody ❑ Mucous ❑ Malodorous ❑ Incontinent

VOMITING: ❑ None ❑ Frequent ❑ Sporadic ❑ With digested food
❑ Just after eating ❑ Large volume ❑ Small volume

TEMP PREF: ❑ None ❑ Shade or Cool (concrete/tile) ❑ Sunny or Hot (carpet)

SLEEP: ❑ Normal ❑ Too much ❑ Too little
❑ Wakes up owner or vocalizes ❑ Muscle jerking during sleep
❑ Likes Soft bed ❑ Likes Hard bed

STIFFNESS: ❑ Acute ❑ Chronic
Worse: ❑ in am ❑ in pm ❑ with cold ❑ with heat ❑ with damp
❑ after walk ❑ before walk

PHYSICAL EXAM:

SHEN: ❑ OK ❑ Great ❑ Good ❑ Loss ❑ Disturbance

TONGUE COLOR: ❑ OK ❑ Pale ❑ Red ❑ Pale Pink ❑ Deep red ❑ Purple ❑ Yellow

TONGUE COAT: ❑ OK ❑ Pale ❑ Dark ❑ Yellow ❑ Thin ❑ Thick ❑ Greasy

TONGUE MOISTURE ❑ OK ❑ Dry ❑ Wet ❑ Small ❑ Swollen

PULSE: ❑ Floating ❑ Deep ❑ Fast ❑ Slow ❑ Forceful ❑ Weak
❑ Thin ❑ Slippery ❑ Choppy ❑ Soft ❑ Wiry

HAIR/SKIN: ❑ Dry ❑ Wet ❑ Dry ❑ Alopecia ❑ Dandruff ❑ Malodorous
❑ Pruritis ❑ Hot ❑ Cold ❑ Poor follicle

EARS: ❑ OK ❑ Hot ❑ Cold ❑ Red ❑ Scratching ❑ Alopecia
DISCHARGE ❑ OK ❑ with odor ❑ with blood ❑ with pus ❑ other

EYE: ❑ OK ❑ Red ❑ Pale ❑ Yellow ❑ Itchy ❑ Swollen ❑ Dry
DISCHARGE ❑ OK ❑ Thick ❑ Watery ❑ Purulent ❑ other

NOSE: ❑ OK ❑ Hot ❑ Cold ❑ Wet ❑ Dry ❑ Crusting ❑ Depig
DISCHARGE ❑ OK ❑ Thick ❑ Clear ❑ Purulent ❑ Bloody ❑ other

GUMS: ❑ OK ❑ Pale ❑ Red ❑ Swollen ❑ Foul odor ❑ Bloody

LIPS: ❑ OK ❑ Pale ❑ Red ❑ Purple ❑ Ulcers

ORAL CAVITY: ❑ OK ❑ Dry ❑ Wet ❑ Ulcers ❑ Foul odor ❑ Hot ❑ Cold

	LU	PC	HT	LIV	GB	SP	ST	TH	KI	LI	SI	BL
	BL13	BL14	BL15	BL18	BL19	BL20	BL21	BL22	BL23	BL25	BL27	BL28
LEFT												
RIGHT												
	LU1	CV17	CV14	LIV14	GB24	LIV13	CV12	CV5	GB25	ST25	CV4	CV3
LEFT												
RIGHT												