

HOW'S YOUR DOG?

Date: _____ Pet's Name: _____

Client Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

We recommend all pets 6 years and older have an annual wellness profile done. It includes a complete blood count, 25 test chemistry panel, thyroid test, and urinalysis. (\$160.00) Would you like to do today?

YES NO

Do skunks, raccoons, or rodents frequent your yard? YES NO

Does your pet have access to rivers, lakes, or retention ponds? YES NO

Has your pet ever had a reaction after receiving vaccines? YES NO

Does your dog go to a groomer or boarding facility? YES NO

Do you travel outside the state with your pet? YES NO

If yes, where? _____

Brand of food you feed your dog: _____ % dry _____ % can _____

Does your pet get treats: YES NO If yes, is it: Daily Weekly Rarely

Does your pet get table/people food: YES NO If yes, is it: Daily Weekly Rarely

Water consumption: Normal Excessive If excessive, how long have you noticed it _____

Any new lumps or growths? YES NO If yes, where? _____

Any lameness or limping noticed? YES NO If yes, which leg? _____ How long have you noticed it? _____

How often is your pet taking a heartworm preventative? Every month Sometimes Never

Brand of heartworm preventative used: _____

Do you need any today? YES NO

If YES, how many doses? _____

Have you seen any: Fleas Ticks

Is your pet using a flea/tick preventative? Every month Sometimes Never

Brand of flea/tick preventative used: _____

Do you need any today? YES NO

If YES, how many doses? _____

Previous medical conditions: _____

Current medications: _____

Does your pet have a microchip? YES NO If not, would you like it done today? YES NO

Would you like a Pet I.D. card that contains your pet's description, vaccination history, allergy alerts and photograph for an additional \$5.00? YES NO

