Canine Adult Wellness

Created: _____

CLIENT: _____

Pet Name:

Below you will find questions regarding upcoming care for your pet. Basic history allows us to help streamline your pet's visit with us. Please fill out the required fields, and if your pet is experiencing any of the non-required fields please answer those questions as well.

1. Have you noticed any issues/problems with your pet?_____

   _____

2. What supplements, OTC medications, and/or prescription medications does your pet receive?

   _____

3. Do you give heartworm prevention every month all year round or only during "warm" months?

   - ☐ Every month, all year round
   - ☐ Seasonally, during the warm months
   - ☐ My pet does not receive heartworm prevention

4. Do you give flea/tick prevention all year round or only during warm months?

   _____

5. When did your pet receive their last dosage of heartworm/flea/tick prevention?

   - ☐ Within the last 30 days
   - ☐ Within the last 3 months
   - ☐ I'm not sure

6. What medication(s), monthly preventative(s), or prescription food do you need refilled today?

   _____

   _____

7. Have you seen any fleas or ticks on your pet or any parasites in your pet's stool?

- [ ] Yes
- [ ] No

8. What is your pet's outdoors environment like? (Please select all that apply)

- [ ] Wooded areas, hiking
- [ ] Standing water, lakes, streams
- [ ] Grass, neighborhood, urban
- [ ] Farm, rural, working dog

9. Does your pet go to any of the following? (please select all that apply)

- [ ] Boarding or Doggy Daycare
- [ ] Grooming
- [ ] Dog Parks
- [ ] Pet Stores
- [ ] Other (interacting with friends/family members dogs, etc)

10. What type of food do you feed your pet? What is your feeding routine? (amount offered, how many times daily)?

11. Is your pet eating and drinking normal amounts? If not, what changes have you noticed?

12. Have you noticed any changes in your pet's urination and defecation habits (frequency of urination or defecation, diarrhea or excessively hard stool, etc.)?

- [ ] No
- [ ] Yes
- [ ] I'm not sure

13. Has your pet had any vomiting, regurgitation or diarrhea?

- [ ] No
- [ ] Yes, occasionally and I'm not worried about it
- [ ] Yes, frequently and I want to talk to my nurse/doctor more about this

14. Have you noticed any lumps or bumps on your pet?

- [ ] No
- [ ] Yes and it/they are the same as during the last vet visit
- [ ] Yes and it/they have changed; I want to talk to my doctor/nurse about this

15. Has your pet been coughing or sneezing more than normal?

- [ ] No, no abnormal coughing nor sneezing
- [ ] Yes, coughing and sneezing more than normal
- [ ] Yes, coughing morethan normal
- [ ] Yes, sneezing more than normal

16. Is your pet scratching or chewing at themselves or doing any excessive head shaking? (Please select all that apply)

- [ ] No, none of these
- [ ] Yes, scratching more than normal
- [ ] Yes, chewing/licking more than normal
- [ ] Yes, head shaking more than normal

17. We recommend yearly blood and fecal testing for your pet. Do you authorize this labwork?

- [ ] Yes, please do all recommended blood and fecal testing for my pet
- [ ] I'm not sure, I need more information from my nurse/doctor before making a decision

18. Does your pet need any additional services while with us today?

- [ ] Nail trim
- [ ] Anal gland expression
- [ ] Other. Please let your nurse or assistant know.