

Reason for Visit: _____

Please fill out the following:

Fleas/ticks (previously or currently) no yes

What Heartworm/Flea Prevention is your pet on? _____

Any history of worms (previously or currently)? no yes

Travel History (past yr): _____ DIET: _____ Current

Medication(s) _____

Exercise (please circle): Indoor/Outdoor/Both

Dental: Any oral care prevention? no yes if yes, what? _____

Any behavior changes (lethargic)?

Any appetite change?

Any water intake change (more or less)?

Any itchy skin or skin issues?

Any eye/nasal Discharge^(sneezing)

Any coughing or Sneezing?

Any vomiting?

Any constipation or diarrhea?

Any urinary issues (straining, blood, ect)?

Any limping or having issues moving around?

Any scooting on ground or licking rear end?

Any lumps/bumps: location _____

Do you prefer pills, liquid, or injectable medication? (please circle)