

Please take the time to answer the following questions regarding your pet's health.

Pet's Name: _____ Client Name: _____ Date: _____

What is the **BRAND NAME** and **PROTEIN** source (ie. Chicken, Fish, etc) of your pet's food? _____

Do you feed canned, dry or both? _____

How much and how often do you feed your pet each day? _____

Any known drug sensitivities or allergies? _____

Does your pet go outside (for cats only)? YES NO

Is your pet on a monthly intestinal parasite prevention (ie. Trifexis, Sentinel, etc)? YES NO

If yes, which product? _____ When was it last applied? _____

Is your pet on a monthly flea/tick medication (ie. Activyl Plus, Frontline Plus, NexGard, etc.)? YES NO

If yes, which product? _____ When was it last applied? _____

What other medications, supplements or human products is your pet currently on? **Please include name, strength & frequency:**

1) _____

2) _____

3) _____

4) _____

Do you need any prescriptions refilled today? YES NO

If yes, which medication(s)? _____

If it is to be filled at an outside pharmacy, which pharmacy/location do you prefer? _____

Do you have any travel plans with your pet in the next 12 months? YES NO

If yes, where is the destination? _____

Is your pet having **abnormal** bowel movements? YES NO

Did you bring in a fecal sample we can screen for intestinal parasites? YES NO

Does your pet have a microchip? YES NO

Do you have pet insurance for your pet? YES NO

(More questions on back)

Have you noticed any new lumps or bumps?	YES	NO
Any changes to lumps or bumps we have already assessed?	YES	NO
Any itching, scratching, shaking head or chewing on skin/paws?	YES	NO
Is your pet sneezing or coughing?	YES	NO
Have you seen any eye or nasal discharge?	YES	NO
Have you noticed your pet has bad breath?	YES	NO
Has your pet's urination habits changed?	YES	NO
Has your pet's appetite increased or decreased (If yes, circle which one)?	YES	NO
Has your pet's water intake increased or decreased (If yes, circle which one)?	YES	NO
Has your pet's energy level changed (slowing down or sleeping a lot more)?	YES	NO
Does your pet limp, or have difficulty rising, jumping or climbing?	YES	NO
Has your pet recently gained or lost weight?	YES	NO
Have you noticed changes in behavior?	YES	NO
Have you noticed changes in your pet's vision or hearing?	YES	NO
Has your pet ever shown aggression? Toward people or animals (If yes, circle which one)?	YES	NO
Do you provide home dental care for your pet?	YES	NO
If yes, circle: brushing dental chews hygiene rinse additive to food/water other		
Do you have other pets in your household?	YES	NO
Do you frequently have children in your household?	YES	NO
Any other questions or concerns you would like to discuss today?	YES	NO
If yes, briefly describe: _____		
Do we have your permission to post your pet's photo on our website, Instagram or Facebook page?	YES	NO