

Owner Name: _____ Patient Name: _____
Owner Address: (street) _____ (apt #) _____ (zip code) _____
Cell Phone Number: _____ Email Address: _____

Reason for Visit (List all concerns/symptoms/complaints)

If visit is related to illness or injury, please answer the following:

- When did you first notice the symptoms? _____
- How long has your pet been experiencing these symptoms? _____
- What treatments or care have you done at home prior to your visit today? _____

What food (pet food, human food) passes your pet's lips daily?

- Brand of food _____ Dry (Amount) _____ Wet (Amount) _____
- How many times per day do you feed your pet? _____
- What treats does your pet get? _____ Qty? _____ How often? _____

Is your Pet eating normally? _____ **More than usual?** _____ **Less than usual** _____

Is your Pet drinking normally? _____ **More than usual?** _____ **Less than usual** _____

Has your Pet been Coughing? _____ **Sneezing?** _____ **Vomiting?** _____ **had Diarrhea?** _____

If YES to any, when did it begin? _____ **How Frequently?** _____

Have observed any new bumps, lumps, scabs? _____

- Where? _____

Have you noticed any changes to previously examined bumps, lumps, scabs?

Is your pet scratching or licking? _____ **Where?** _____

What Medications is your pet currently taking? _____

- Do you need refills today? _____
- List the medications you need refilled (Include Heartworm, Flea, Prescription Food)
 1. _____
 2. _____
 3. _____
 4. _____

If your pet is here for Vaccinations:

- Has your pet ever had an adverse reaction to vaccinations given in the past? _____
- If so, have you given your pet Benedryl prior to your visit today? _____
- How much? _____ When? _____
- Did you want to purchase a Rabies Tag today? (Cash or Check made out to BOCC) _____

Turn Over to Complete the Back
Please Complete the Questions Below

How much time does your pet spend outside, on the lanai, porch, playtime, walks?

If your pet is here for his/her Wellness Visit, can we perform his/her Annual Wellness Screenings?

- (CBC, Chemistry/UA/Fecal) _____
- Heartworm Test _____
- Did you bring a Fecal Sample? _____

What Heartworm Preventative is your pet taking? _____

- When was the last dose given? _____
- Refills? _____ How many doses? _____

What Flea Preventative is your pet taking? _____

- When was the last dose given? _____
- Refills? _____ How many doses? _____

Would you like your pet's nails trimmed today? _____

Would you like your pet's anal glands expressed? _____

Is your pet microchipped? _____ **If No,** would you like your pet microchipped today? _____

Please provide us with any additional information that will help us with your Pet's visit today:
