

Wellness Appointment Pet Update

Clients Name: _____ Pets Name: _____ Date: _____

Verify client contact information (name, address, phone, email)

Diet:

What food are you feeding? _____

How much do you feed? _____

How often do you feed? _____

What kinds of treats/snacks/table scraps/chews do you give? _____

Current medications/ supplements/ over the counter medications: _____

Preventative:

What heartworm/ intestinal parasite preventative do you use? What months do you use it? _____

What flea/tick preventative do you give your pet? What months do you use it? _____

Does your pet have a microchip? Y N

What dental care do you provide to your pet? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Teeth brushing | <input type="checkbox"/> Dental diet |
| <input type="checkbox"/> Oral rinse or gel | <input type="checkbox"/> CET Hextra Chews |
| <input type="checkbox"/> Other _____ | |

Are other pets living in your home? Dog Cat Small Animal Reptile Bird

Does your pet have any of these symptoms? (check all that apply)

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Excessive Drinking | <input type="checkbox"/> Excessive Urination | <input type="checkbox"/> Vomiting |

Is your pet slower on stairs or when getting up? Y N

Does your pet exhibit any anxieties, fears or dominance? Y N

Does your pet eliminate in the house or outside of the litter box? Y N

How would you describe your pets lifestyle?

Cat:

- Never goes outside
- Spends supervised time outside
- Outdoor cat / hunts

Dog:

- Outdoors/ limited to yard
- Neighborhood walks - some dog exposure
- Visits brushy areas, dog parks
- Hunts