

Owner's Name _____ Pet's Name _____ Date _____

Address Correctio YES NO Changes Are _____

CATS

Current
 Rabies
 FVRCP
 Feleuk
 Felv/Fiv Test

Update Today

DOGS

Current
 Rabies
 Bordetella
 DHP-Parvo
 Lepto
 Heartworm Test

Update Today

YES

NO

Did your pet eat this morning? _____
Is your pet on **Heartworm Prevention**? Refill? _____
Is your pet on **Flea Prevention**? Refill? _____
Has your pet had any reaction to **Anesthesia**? _____
Has your pet had any reaction to **Vaccines**? _____
Has your pet had any reaction to **Medications**? _____

Is your pet currently on any medication? Refill? _____

Name of Medication _____

Dosage _____

Vaccines Chief Complaint: _____

History:

Has your pet shown any sign of the following?:

Change in Weight ? _____
Loss _____ Gain _____ How Long? _____
 Coughing? How Long? _____
 Diarrhea? How Long? _____
 Drinking Habit Changed?
Drinking More ___ Drinking Less ___ How Long? _____
 Gagging? How Long? _____
 Limping? Which Leg? _____ How Long? _____
 Listless? How Long? _____
 Loss of Appetite? How Long? _____
 Scratching? How Long? _____

Tests & Services:

To be done during this visit:

Annual Wellness Visit
 Deworm
 Felv/Fiv Test
 Heartworm Test
 Heartworm Treatment
 Intestinal Paasite Exam
 Lyme Dip
 Physical Exam
 Puppy/Kitten Wellness Visit

Tech's Initials _____ Temp _____
