

## Wellness Check-In Form

Pet's Name: \_\_\_\_\_

Parking Spot # \_\_\_\_\_

Owner's (first & last) Name: \_\_\_\_\_

Phone number to be reached at for today's visit: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Alternate phone # \_\_\_\_\_

Select One: DOG CAT

### Appointment Questionnaire

DID YOU BRING A FECAL SAMPLE? YES / NO

Living Environment (select one): indoor / outdoor / both

Brand of food: \_\_\_\_\_

Appetite (select one): normal / increased / decreased

Attitude (select one) normal-happy /

Drinking (select one): normal / increased / decreased

lethargic / other: \_\_\_\_\_

Have you noticed any of the following:  vomiting  diarrhea  sneezing  coughing  limping  shaking head

lumps/bumps (location: \_\_\_\_\_)  seizures  pain when urinating/defecating

Are you using a heartworm prevention product: yes / no / unsure - if yes, product: \_\_\_\_\_

Are you using a flea/tick prevention product: yes / no / unsure - if yes, product: \_\_\_\_\_

Any regular medications /supplements administered at home: yes / no / - if yes, what medication/dosages/frequency:

\_\_\_\_\_

Comments / concerns about the above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your pet need (select applicable): nail trim / anal glands expressed

Does your pet need any medication / food refills? (ex: Heartworm, Thyroid, Royal Canin wet food, etc...)

\_\_\_\_\_

\_\_\_\_\_

<u>DOG</u>	<u>CAT</u>
Would you like to upgrade to 3 year rabies vaccine if your dog qualifies (select one): YES / NO [+\$28.50]	Would you like to upgrade to 3 year rabies vaccine if your cat qualifies (select one): YES / NO [+\$65]
Would you like to upgrade to a 3 year DHPP vaccine if your dog qualifies (select one): YES / NO [+\$40]	Is your cat (select): INDOOR / OUTDOOR / BOTH- if outdoor, FELEUK vaccine recommended: YES / NO [1 yr +\$32, 3 yr +\$50]

Would you like to run a general health screening blood work panel with today's visit to check for major organ function (circle one): YES / NO / Doctor Discretion - strongly recommended for >5 year old and encouraged if <5 years old. [175]