

Questions:	Answers:
Pets Name:	
1. Is your pet here for an annual/wellness exam and/or vaccines?	1.
2. Is your pet here for a concern/issue? If so, please list:	2.
3. Does your pet have any allergies to food, medications, or vaccinations?	3.
4. Is your pet currently on a monthly flea/tick/heartworm prevention? If so, please list:	4.
5. Any preventative dental care performed at home? (brushing, treats, water additives)	5.
6. What other medications/supplements is your pet currently taking? Please list dosages as well:	6.
7. What food is your pet currently eating? Please list brand, flavor & amount feeding:	7.
8. Is the diet "grain-free"?	8.
9. Does your pet interact with children?	9.
10. Any exposure to other animals? (Dog park, boarding, daycare, grooming)	10.
11. Has your pet traveled to Eastern WA or outside of WA? (past or upcoming?)	11.
12. Any coughing, sneezing, diarrhea, vomiting, increased thirst, or increased urination?	12.
13. Any changes in behavior or energy level?	13.
14. Will your pet need any medications or food refilled today? If so, please list:	14.
15. Nail trims and anal gland expressions are available at an extra charge at the time of the exam. Would you like either performed today?	15.
16. In what order would you prefer to be contacted: phone call, text or email?	16.