



ANNUAL WELLNESS EXAM DROP-OFF FORM

Thank you for giving us the opportunity to care for your pet.

To assist the doctor in the assessment of your pet, please take just a few moments to complete this form. These are some of the questions that the doctor would ask during an appointment. Please do not leave any answers blank and be as detailed as possible.

DATE: _____

OWNER INFORMATION

Owner's Name: _____

Phone number that we can reach you: _____

Hours we can reach you at this number: _____

PET INFORMATION

Pet's Name: _____

Please circle:

Species: Dog Cat Other: _____

Gender: Male Female Spayed/Neutered? Yes No

WELLNESS QUESTIONNAIRE

1) Do you have any issues or concerns with your pet that you would like the vet to address today?

Yes No **If yes, please list and describe any concerns you have with your pet today:*

When did you first notice these symptoms? _____

Is there a history of any similar illness in the past? Yes No **If yes, please explain:*

2) Does your pet have any previous or ongoing conditions or illnesses? Yes No **If yes, please explain:*

3) Please explain/list how much time your pet spends outdoors. (This includes trips outside to use the bathroom, playtime in the yard, neighborhood walks, trips to the dog park, hiking, swimming, camping, etc.)

4) Is your pet eating and drinking ok? Yes No **If no, please elaborate:*

5) What does your pet eat?

Diet (Food Brand): _____ Please circle: Dry Canned Both

Amount: _____ Frequency: _____ **Check here if Free-fed* _____

Treats: _____ Frequency: _____

Does your pet get ANY people food or table scraps: Yes No *If Yes: what, how much and how recently?

6) Has your pet recently experienced any vomiting, diarrhea, coughing or sneezing? Yes No

*If yes, please describe the symptoms you are seeing:

7) Is your pet eating, drinking or peeing more or less than usual? Yes No

*If yes, please describe the symptoms you are seeing:

8) Please list ALL medications & supplements (besides heartworm and flea & tick medications) your pet currently uses: *include any medication you have given recently to control any symptoms you have noted above. (Aspirin, Immodium, Pepcid AC, etc.)

_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____
_____	Amount: _____	Frequency: _____

9) Is your pet currently on heartworm prevention?: Yes No

*If yes, what kind?: _____ Do you give this year-round?: Yes No

When was the last dose given?: _____

10) Is your pet currently on flea and tick prevention?: Yes No

*If yes, what kind?: _____ Do you give this year-round?: Yes No

When was the last dose given?: _____

11) Do you need to purchase any heartworm or flea and tick medications for your pet today? Yes No

*If yes, what product(s) and how much would you like? _____

12) Would you like Wellness bloodwork performed on your pet today? Yes No

*This wellness profile includes a complete blood count, a blood chemistry which will check your pet's major organ functions such as liver and kidneys as well as a thyroid screen. This full blood panel is usually \$155 when your pet is not well. If it is done today, you will receive a preventative discount and will only pay \$95, saving you \$60.

13) Would you like your pet to be sent home with a dewormer today? Yes No

*The Center for Disease Control recommends that all companion animals be dewormed at least once a year. Keeping your pet on once monthly, year-round heartworm and flea and tick prevention does not mean that they cannot contract intestinal parasites.

14) Please circle any additional services that you would like done for your pet:

Nail Trim (\$17.50 for a Large dog (>40lbs), \$15.50 for a Small dog (<40lbs), \$13.50 for a Cat + tax)

Ear Cleaning (\$23) Anal Gland Expression (\$18 + tax) Microchip (\$50 + tax)

15) Please provide any other information that you feel would be helpful to the doctor:

SINCE YOU ARE DROPPING YOUR PET OFF, PLEASE UNDERSTAND THAT IT IS VERY IMPORTANT THAT WE BE ABLE TO CONTACT YOU FOR FURTHER INFORMATION AND IN ORDER TO GET YOUR PERMISSION TO PROCEED WITH VARIOUS DIAGNOSTIC WORK OR TREATMENT WHICH WE DID NOT GET YOUR CONSENT FOR PREVIOUSLY.

FOR STAFF TO FILL IN:

PLEASE DO NOT SIGN BELOW UNTIL THE STAFF HAS COMPLETED THIS.

Listed below are the diagnostics and treatments the veterinarian deems necessary at this time.

Diagnostics/Treatments

Cost

Estimated Total: _____

I, _____, (Print Name) certify that I am the owner or legal agent for the above mentioned animal. I understand that during the performance of the procedures above, unforeseen conditions may be revealed that necessitate an extension of the procedures, or different procedures than those set forth above. Therefore, I consent to and authorize the performance of all procedures that are necessary and desirable in the exercise of the veterinarian's professional judgment.

I have read and understand this authorization and consent.

Signature of owner or legal agent