



Thank you for giving us the opportunity to care for your pet.
Please complete both sides of this form prior to your curbside or in-person appointment.

Your name

Your pet's name

For curbside appointments only (not needed if you are coming inside):

- Car make and color
- Phone number to be used for this appointment

It is OK to give your pet clinic treats? (If not, please bring your own for us to use)

Your pet's diet: Please tell us the brand, flavor/protein, amount fed per day.

Your pet's current medications and supplements: Please include amount given.

Is your pet currently receiving parasite prevention?

➤ *If yes, what brand?*

What preventative refills would you like today?

➤ *Please choose: Heartgard Plus, Nexgard, Frontline Gold, Revolution*

What is the main reason for your visit today, and what are your pet's symptoms?

Please fill out both sides ➔



How is your pet's appetite?

Have you noticed any change in water consumption?

Have you noticed any diarrhea or changes in stool?

Have you noticed any vomiting?

Have you noticed any coughing/sneezing/discharge or other respiratory signs?

➔ *If yes, please explain below:*

Have you noticed any limping/pain/stiffness or other mobility issues?

➔ *If yes, please explain below:*

Have you noticed any skin or ear issues like itching/headshaking/chewing/scouting?

➔ *If yes, please explain below:*

Have you noticed any new lumps or changes in existing lumps?

Do you have any other questions or concerns you would like to discuss at today's visit?

I understand that: **1) Masks are required when entering the building; and 2) Pets must be on leash with secure collar or in a carrier.**

Signature

Date