



Thank you for giving us the opportunity to care for your pet.  
Please complete both sides of this form.

Your name

Your pet's name

Have you or anyone in your family/household shown signs of Covid or had exposure to a person that has tested positive for Covid?

Car make and color

Phone number to be used for this appointment

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

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 reason for your visit today?

*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 for any interaction with team members; 2) Pet must be on leash with secure collar or in a carrier; and 3) I must call upon arrival to the clinic at (612) 822-1545.**

Signature

Date