Patient Name_____Owner Name_____Date_____

Wellness Appointment Checklist

Please completely fill out this form to help us provide the best medical care possible for your pet

Medications:
Please list all medications including dosages your pet is on (Prescriptions, supplements and OTC)

_____
_____
_____

What heartworm preventative do you give your pet? ☐Heartgard ☐Interceptor ☐Sentinel Other: _____
What day of the month do you give your pet's heartworm preventative? _____
What flea preventative do you give your pet? ☐Frontline ☐Vectra ☐Revolution Other: _____
How often do you apply flea preventative? _____
Have you found any ticks on your pet?_____

Diet:
What food are you feeding? How Much? How Often?_____
What kind of treats / snacks / people food / chews do you give your pet? _____

Does your pet have a microchip? Y N

What dental care do you provide for your pet at home? (Check all that apply.)

- ❑ Brush teeth
- ❑ Oral rinse or gel
- ❑ Dental diet
- ❑ Dental chews or treats
- ❑ Water Additives (Biotene)
- ❑ Greenies
- ❑ Other_____
- ❑ None

Do you have other pets? Y N
Pet Name _____ Dog/Cat/Other _____
Pet Name _____ Dog/Cat/Other _____

Does your pet need a nail trim today? Y N

Has your pet been seen elsewhere for medical care since we last saw him/her? Y N
If yes, when and where? What was done? _____
_____

Any bumps or skin masses that the doctor should be aware of? Y N
If yes, where, when was it seen, and any changes? _____

Does your pet have any of these symptoms? (Check all that apply.)

- ❑ Coughing
- ❑ Sneezing
- ❑ Vomiting
- ❑ Diarrhea
- ❑ Excessive drinking
- ❑ Excessive urination
- ❑ Itching
- ❑ Hair loss

Does your pet do any of the following? (Check all that apply.)

- ❑ Go to the Groomer
- ❑ Board/Doggie daycare
- ❑ Have access to wooded areas
- ❑ Swim/Play in ponds, creeks or streams
- ❑ Go to training classes/play dates

Is there anything else you want to be sure to discuss with the doctor today?_____

_____