

We greatly appreciate your patience during this time as we mandate the requirements of the CDC.

Please help us expedite your wait time by answering the following questions:

1. Have you or anyone in your household traveled outside of Kaua'i within the past 14 days? Y N

If yes, when? _____ Where? _____

2. What is the purpose of your pet's visit today? _____

3. Is your pet coughing? Y N If yes, when did it start & how often?

4. Does your pet have diarrhea? Y N If yes, when did it start & how often? What does it look like?

5. Is your pet sneezing? Y N If yes, when did it start & how often?

6. Is your pet vomiting? Y N If yes, when did it start & how often? What does your pet vomit?

7. How is your pet's energy level? HIGH LOW NORMAL

8. How is your pet's water intake? INCREASED DECREASED NORMAL If abnormal, when did it start? _____

9. How is your pet's appetite? INCREASED DECREASED NORMAL If abnormal, when did it start? _____

10. What type of food does your pet eat? DRY WET BOTH What brand? _____

11. How many times a day do you feed your pet? ONCE TWICE THREE FOUR FREE FEED

12. How much food do you feed? (i.e cups, TBS, ½ can) _____

13. Is your pet current on Heartworm prevention? Y N N/A If yes, what kind? _____ Last given? _____

14. Is your pet current on Flea & Tick prevention? Y N If yes, what kind? _____ Last given? _____

15. Is your pet taking any hairball medication? Y N N/A If yes, what kind? _____ Last given? _____

16. Is your pet currently taking any medications? Y N If yes, what kind?

17. Where does your pet live? INDOORS OUTDOORS BOTH

18. Would you like your pet's nails cut? Y N Would you like your pet's anal glands expressed? Y N *(fees apply)*

19. Would you like us to refill any prescriptions? Or food? Or treats? Y N

If yes, what? _____

20. Do you have any other concerns you would like us to address?

Owner's Name: _____ Pet's Name: _____

Best number to reach you NOW: (_____) _____ Date: _____ Time: _____ am/pm