

History Form – Annual Wellness Exam

Owner's Name _____ Pet's Name _____ Date _____

Please List Change of Address or Telephone Number: _____

- 1.) Age of Pet _____
- 2.) Describe Pet's diet in detail _____
Is pet fed specific meals or fed free choice? _____
Snacks? _____ Table Food? _____
- 3.) Supplements? _____
- 4.) Inside or Outside Pet? _____
Percentage of time spent In _____ Out _____
- 5.) Does pet visit a groomer, or dog park? _____
- 6.) Does pet come in contact with pond, lake or stream water? _____
- 7.) Ticks or fleas noticed? _____
- 8.) Do you treat pet with flea preventive? _____ Which Brand? _____
How often? _____ Are all pets treated? _____
Regularly? _____ Irregularly? _____
Months Per Year _____
- 9.) Is pet on Heartworm Medication? _____ Which Brand? _____
Regularly? _____ Irregularly? _____
Months per year _____
- 10.) If pet is a cat, are you aware of heartworm disease in cats? _____
- 11.) Do you bathe pet? _____
What products are used? _____
- 12.) What are you currently doing for pet's dental care? _____
- 13.) Any coughing, sneezing, vomiting, or diarrhea? _____
- 14.) Any lumps or bumps noticed? _____
- 15.) Any change in water consumption or urination habits? _____
- 16.) Any changes in appetite or defecation habits? _____
- 17.) Any changes in behavior? _____
- 18.) Have you noticed your pet limping, having difficulty with stairs or rising from a sitting/laying position or showing reluctance to run or jump? _____
- 19.) Do you have any other health concerns with pet? _____