DATE:		

Pet Name: Guard	lian Name:		
Reason for your visit today:	Wellness	Problem	
1. Is your pet eating normally?	Y	N	
2. Is your pet drinking normally?	Y	N	
3. Has your pet vomited recently?	Y	N	
4. Has your pet had diarrhea recently?	Y	N	
5. Has your pet been sneezing recently?	Y	N	
6. Has your pet been coughing recently?	Y	N	
7. Is your pet drinking more water?	Y	N	
8. Is your pet urinating more volume?	Y	N	
9. Is your pet urinating more frequently?	Y	N	
10. Is your pet indoor only?	Y	N	
11. Is your pet allowed outdoors?	Y	N	
12. Are there children in your house 8yrs			
or under in age?	Y	N	
13. Are your pets stools normal?	Y	N	
14. Has this pet been out of Colorado ever?	Y	N	
If so where			
15. Do you have plans to travel with your	Y	N	
pet? If so where?			
16. Is your pet microchipped?	Y	N	
If so #			
17. Does your pet have bad odor from the	Y	N	
mouth or teeth?			
18. Is your pet showing pain around the	Y	N	
mouth or head?			
19. Is your pet chewing hard food and toys?	Y	N	
20. Do you give Heartworm preventative			
12 months a year?	Y	N	
If not, when do you give preventative?			

FOR OFFICE USE ONLY

Rabies	Current Today Overdue	Fecal O&P Test Current Today Overdue
DHPP	Current Today Overdue	Giardia Fecal Test Current Today Overdue
Lepto	Current Today Overdue	Adult/Sr Bloodwork Current Today Overdue
Bordetella	Current Today Overdue	Rx Bldwork/Test Current Today Overdue
Flu	Current Today Overdue	Dental: Grade I Grade III Grade IV
Lyme's	Current Today Overdue	FOOD_
Htwm Test	Current Today Overdue	TREATS
Heartworm Prev Rx	Current Today Overdue	CURRENT MEDICATIONS
Deworming	Current Today Overdue	CURRENT OTC/VITAMINS