

Feline CHECK-IN

DATE:		<u> </u>		
Pet Name: Guardian Name:				
Reason for your visit today:	Wellness			
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		
If so are screens/porches accessible?	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 pet's 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 OFF	- ICE USE ONLY	Υ		
Rabies Current Today Overdue		: Bloodwork Currer	at Today Overdue	

Rabies	Current Today Overdue	Adult/Sr. Bloodwork Current Today Overdue
FVRCP	Current Today Overdue	Rx Bldwork/Test Current Today Overdue
FelV	Current Today Overdue	Dental: Grade I Grade III Grade IV
Htwm Test	Current Today Overdue	FOOD/TREATS
Heartworm Prev Rx	Current Today Overdue	Litter
Deworming	Current Today Overdue	CURRENT MEDICATIONS
Fecal O&P Test	Current Today Overdue	CURRENT OTC/VITAMINS
Giardia Fecal Test	Current Today Overdue	