Annual Visit Check in Sheet

To be completed by client

Your Name____ Date______________________________

Spouse/Co-Owner's Name____

Address____________________________________City_________________________Zip Code_________________________

Phone Numbers: Home__________ Work __________Cell ___________

Would you like to receive text reminders? (**circle one**): **Yes** or **No**

Please provide an e-mail address where you would like e-mail reminders and updates sent: ____

What type of food/diet is your pet currently eating: ____

List All Current Medication (including Flea & Tick) and Supplements your pet is taking: ____

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Do you need any refills? (**circle one**): **Yes** or **No** **If yes, what?** ____________________________________

Do you have any children at home? (**circle one**): **Yes** or **No** **If yes, ages: ?** ____________________________________

Do you have any other pets at home? (**circle one**): **Yes** or **No** **If yes, please list: ?** _________________________________

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Please check if you've noticed your pet experiencing any of the following: (**please circle**)

- Change in Appetite **INCREASE** **or** **DECREASE**
- Amount or Frequency of Urination **INCREASE** **or** **DECREASE**
- Change in Water Consumption **INCREASE** **or** **DECREASE**
- Change in Activity Level **INCREASE** **or** **DECREASE**
- Change in Behavior **YES** **or** **NO**
- Coughing **YES** **or** **NO**
- Sneezing **YES** **or** **NO**
- Constipation **YES** **or** **NO**
- Diarrhea **YES** **or** **NO**
- Vomiting **YES** **or** **NO**
- Bad Breath or Drooling **YES** **or** **NO**
- Shaking Head **YES** **or** **NO**
- Difficulty Walking, Jumping, or Running **YES** **or** **NO**
- New lumps or bumps on or under the skin **If yes, where?** ____________________________________
- Excessive Licking Scratching and/or Biting and/or Chewing **If yes, where?** ____________________________________

Any other concerns or questions for the Doctor? ____

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Please note that payment is due at the time of service. We accept cash, personal checks, Visa, Mastercard, American Express, & Discover.

Thank You!

Turn over to learn more about benefits of Preventative Medicine.