



WELLNESS
DROP OFF HISTORY

CANINE

CLIENT: PET: CONTACT # FOR TODAY:

FOR TREATMENT: (Please check one)
[] If doctor is unable to reach me, I authorize up to \$200 in initial diagnostics or treatment.
[] Other than the services listed on check-in sheet, no additional charges are authorized without my approval.

SIGNATURE:

MEDICAL HISTORY:

Your pet lives (circle one): INDOORS OUTDOORS BOTH

Current diet: Brand/Type: Amount Fed/How Often:

Monthly Heartworm Prevention? (circle one): SIMPARICA TRIO SENTINEL HEARTGARD PLUS TRIFEXIS ADVANTAGE MULTI REVOLUTION

Have you missed any doses? YES NO OTHER:

Monthly Flea or Flea/Tick Prevention? (circle one): SIMPARICA BRAVECTO ADVANTAGE MULTI REVOLUTION SERESTO TOPICAL

Any other medications or supplements? Please list name and amount given/how often

Our Vaccination Recommendations:

DOGS: All adult dogs should be vaccinated for Distemper/Adeno/Parvo/Parainfluenza and Rabies every 3 years

Does this dog go to a groomer, boarding, day-care, dog park, PetsMart, or otherwise interact with other dogs? Y N -- Bordetella risk

Is this dog exposed to ponds, creeks, or wildlife such as squirrels, possums, foxes, raccoons? Y N -- Lepto risk

Is this dog exposed to ticks ie wooded areas, trails, hiking, camping, etc? Y N -- Lyme risk

Would you like your dog's vaccines updated today? Y N

Our Annual Testing Recommendations:

DOGS: We recommend yearly heartworm test and fecal exam for all dogs. We recommend yearly bloodwork testing on all dogs, with a smaller panel for young dogs and the comprehensive panel for dogs over 7 years old.

Would you like to have bloodwork performed today? Y N

Would you like to have a fecal exam performed today? Y N

ANY CONCERNS YOU WOULD LIKE ADDRESSED TODAY?: