

Check-In Form

Date of Appointment *

Time of Appointment

Pet's Name *

Client First Name *

Client Last Name *

Phone number to be used during visit (cell phone preferred) : *

Email Address *

Is your pet currently enrolled in a Pet Annual Wellness Plan (PAW Plan)?

Yes

No

Unsure

Would you like information about our Pet Annual Wellness Plans?

Yes

No

Reason for today's visit *

Preventive Care Exam

Medical Exam

Follow-Up Exam

Please provide pertinent history for today's visit :

Is your pet on any medications / supplements? *

Yes

No

Please list medications:

Current Heartworm Prevention (Brand) and date of last dose?

Current Flea/Tick Prevention (Brand) and date of last dose?

Current Diet (Brand) and Amount Fed Daily

CATS ONLY : Where does your pet spend most of their time? :

Exclusively indoor

Exclusively outdoor

Indoor / outdoor

Is your pet's overall energy level : *

The same as normal

Greater than normal

Less than normal

Is your pet eating : *

Same amount / frequency

Greater in amount / frequency

Less in amount / frequency

Unsure

Is your pet drinking : *

Same amount / frequency

Greater in amount / frequency

Less in amount / frequency

Unsure

Is your pet coughing? : *

No

Yes

Unsure

Is your pet sneezing? : *

No

Yes

Unsure

Is your pet having trouble urinating? : *

No

Yes

Unsure

Urinating outside litter box (CATS only)

Is your pet having issues with bowel movements? : *

No

Yes - diarrhea

Yes - constipation

Yes - other

Defecating outside litter box (CATS only)

Is your pet vomiting?: *

No

Yes

Unsure

Is your pet having trouble walking or moving around? : *

No

Yes

Unsure

Additional services requested :

Nail trim (\$28)

Express anal glands (\$36)

Sentinel Refill (oral heartworm prevention)

Simparica Refill (oral flea/tick prevention)

Simparica Trio Refill (oral - flea/tick/heartworm prevention)

Revolution Refill (FELINE topical flea/tick/heartworm prevention)

Proheart injection (6 or 12 month heartworm prevention injection)

Other Medication(s) refill (see below)

Prescription food refill (see below)

Medication or Food Refills (Please list name, dosage/size and quantity requested):

Payment Type