



Annuals/ Wellness Drop-Off

Client: _____ Patient: _____

In our efforts to provide your pet with optimal care, it is important that our veterinarians have the proper information to determine diagnosis and treatment. Since you will not be present to answer questions about your pet today, we appreciate your time to complete this questionnaire, so we can provide you with the best service. Please circle or write in the answer that best describes your pet.

1. Does your pet take any medications **not** prescribed by Southside? If yes, please list

2. My pet eats _____ (food name) , ____ cans / __ cups _____ times per day.
How long has it eaten this diet? _____
3. When was the last time your pet ate? _____
4. Has your pet's weight recently: increased / decreased / stayed the same
5. Has your pet's appetite: increased / decreased / stayed the same / unsure
6. Has your pet's water intake: increased / decreased / stayed the same / unsure
7. Have your pet's urinations been: increased / decreased / stayed the same / unsure
8. Have your pet's urinations appeared: normal / dark / bloody / bad odor / unsure
9. Have your pet's bowel movements appeared:
normal / loose / discolored / bloody / mucus / worms / unsure / other; please describe:

10. Has your pet had any vomiting? Yes / No If yes, what does it look like and how often does it happen & when was the last time?

11. My pet's activity/energy level has: increased / decreased / remained the same
12. When, if ever, was the last time your pet received vaccinations? _____
Has your pet ever had a vaccine reaction? Y / N
13. When, if ever, was your **dog's** last heartworm test? _____
We recommend heartworm testing yearly or more often if a lapse in dosing or change in preventions. Yes / No

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14. When, if ever, was your pet's last fecal examination? _____

We recommend fecal testing yearly. Yes / No

15. Does your **dog** go to a groomer, or other places where dogs gather, such as obedience classes, dog shows or play dates? Yes / No

- If yes, we recommend a bordetella vaccine. Yes / No

16. Does your **dog** live on or visit farms, ranches, wilderness areas or other places where it may come into contact with rattlesnakes? Yes / No

- If yes, we recommend a rattlesnake.

17. Does your **cat** socialize/come into contact with any outdoor cats? Yes / No

- If yes, we recommend an FELV/ FIV test and leukemia vaccine yearly. Yes / No

18. Is there any other information you would like the doctor to know about your pet? _____

Would you like to be contacted with an estimate prior to beginning exam? Yes / No

☐ I authorize any diagnostics and treatment needed in the event of an emergency.

☐ I authorize an exam only in the event of an emergency.

I can be contacted at _____.

Owner/Responsible Party Signature

Date

If I am unavailable, I authorize the following person(s) to make treatment decisions. I understand that this does not relieve me from all costs of service.

Name of Responsible Party/Parties

Phone Number