•	Have you noticed any issues with your pet?
	☐ Diarrhea: How long and how often is it occuring
	☐ Vomiting: How long and how often is it occuring
	☐ Coughing: How long and how often is it occurring
	☐ Sneezing: How long and how often is it occuring
	☐ New Lumps/Bumps or Changes in current ones?
•	What type of heartworm/flea/tick prevention do you currently give and the date it was last given? Do you need refilled today: quantity wanted (single, 6 months,12 months)
	Proheart:
	Simparica Trio:
	☐ Heartgard:
	☐ Nexgard:
	☐ Advantage Multi:
	☐ Bravecto:
	☐ Revolution Plus for Cats:
	☐ Other:
•	What other medications is your pet currently taking (please list mg and current dose
	if possible). Do you need any refills today?
	Refills, please check box
•	What type of food do you feed your pet:
	How Often:
	☐ Free Feed
	☐ Once Daily
	☐ Two Times Daily
	☐ Three Times Daily
	How much each meal:example: ½ C, 2 C, etc
•	Have you seen any fleas or ticks on your pet:
	□ No
	☐ Yes
•	Do you have other pets in the household?
	☐ Yes
	□ No
	Are they currently vaccinated and on heartworm and flea/tick prevention?
	☐ Yes

□ No
Does your pet go to any of the following:
☐ Boarding Facility
☐ Grooming Facility
☐ Dog parks
☐ Other:
<ul> <li>Does your pet need any other service today while here:</li> </ul>
☐ Nail Trim
☐ Anal Glands Expressed
☐ Ear Cleaning
☐ Shave Potty Patch
<ul> <li>We are recommending any pets over 7 years of age complete senior preventative</li> </ul>
blood work; are you interested in that today:
☐ Yes
□ No
Comments: