

Is your pet exhibiting any of the following:

- Coughing Yes No
- Sneezing Yes No
- Vomiting Yes No
- Diarrhea Yes No
- Lethargy Yes No
- Difficulty Urinating Yes No
- Difficulty Bowel mvmt. Yes No

If you answered yes to any of the above?

How often _____

When was the last time? _____

Does your pet have any drug allergies, recent surgeries, trauma or medical conditions?

- Yes No

If Yes, please

explain: _____

Has your pet ever had a vaccine reaction?

- Yes No

If Yes, please

explain: _____

Is your pet Pregnant/Breeding/Nursing?

- yes no

Is your pet on Ivermectin Yes No

Is your pet under 14weeks, under5lbs?

- Yes No

Has your pet ever tested **POSITIVE** for

Heartworms? Yes When _____ No

- History of seizures Yes No

If yes How often _____

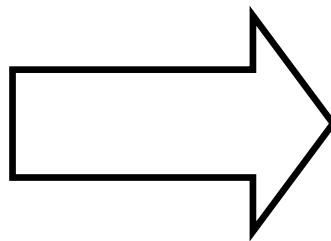
When was the last seizure? _____

Is your pet on medication? _____

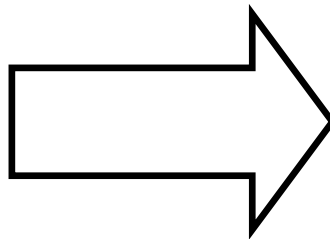
Is your pet currently on any medications, or supplements including heartworm prevention and flea control? Or received recent injections?

- Yes No

If yes, what medication and why.



FOR OFFICE USE ONLY



Patient Name: _____

Temp: _____ HR _____ RR _____

Last Clinical Exam _____

Reason Vitals not taken: Fractious Other

Prescription for:

- aprvd denied Trifexis,/Interceptor/Sim. Tri
- aprvd denied Heartgard/Adv. Mult./Nex. +
- aprvd denied Nexgard
- aprvd denied Bravecto/Credelio
- aprvd denied DeWorming
- aprvd denied All HW preventions
- aprvd denied All Flea/Tick preventions

(N-Normal, AB- Abnormal)

- N AB Temp
- N AB Ears
- N AB Eyes
- N AB Nose
- N AB Throat Tarter
- N AB Gum Color
- N AB Heart
- Murmur Arrhythmia
- N AB Lungs
- N AB PLN
- N AB Skin
- N AB General Appearance/Condition

Comments/Recommendations to client:

Recommend Full Service for any of the abnormalities indicated above and:

Diet Dental Alter

Senior/ 1st puppy or kitten exam

Check Following: _____

aprvd denied Vaccines

aprvd denied SX

aprvd denied RX

Veterinarian: _____

Greeter: _____