



815.626.2994  
1408 McNell Road  
Rock Falls, Illinois 61071

HUMANE SOCIETY & WELLNESS CLINIC

# WELLNESS CHECKLIST

## PATIENT INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ am/pm

New Patient  Return Patient ASM#: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell / Home / Work

Pet Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Species:  Cat  Dog Predominate Breed: \_\_\_\_\_

Sex:  Female  Male Altered:  Yes  No

Color/Identifiable Markings: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Microchip:  Yes  No # \_\_\_\_\_

## CLINIC SERVICES REQUESTED

SERVICE	COST	SERVICE	COST
Office Visit		DAPP Vaccine	
Microchip		Bordetella Vaccine	
Nail Trim		Bravecto	
Heartworm Test		Tri Heart	
FIV/FELV Test		Lepto	
Dental		Lyme	
Spay		FVRCP (HCP-1)	
Neuter		Rabies (1 year)	
		Rabies (3 year)	

BALANCE DUE:\$ \_\_\_\_\_ PMT METHOD:  Cash  Card

### OTHER SERVICES

EAR CLEANING \_\_\_\_\_ BRAVECTO \_\_\_\_\_ GABAPENTIN \_\_\_\_\_

TRI HEART \_\_\_\_\_

OTI PACK \_\_\_\_\_

PRO HEART \_\_\_\_\_

CONVENIA \_\_\_\_\_

DEWORM \_\_\_\_\_

CARPROFEN \_\_\_\_\_

PARKING SPOT # \_\_\_\_\_

### PET INFORMATION

WT (lbs) \_\_\_\_\_

PULSE (bpm) \_\_\_\_\_

RR (rpm) \_\_\_\_\_

TEMP(f) \_\_\_\_\_

CAP REF(CRR) \_\_\_\_\_

MUCOUS MEM(MM) \_\_\_\_\_

HYDRATION STATUS \_\_\_\_\_