

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 14 weeks, under 5 lbs?

☐ Yes ☐ No

Has your pet ever tested positive for

Heartworms? ☐ Yes When _____ ☐ No

☐ History of seizures ☐ Yes ☐ No

If yes How often _____

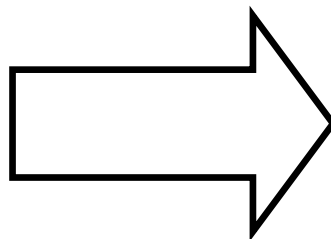
When was the last seizure? _____

Is your pet on medication? _____

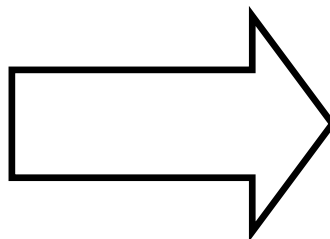
Is your pet currently on any medications, or supplements including heartworm prevention and flea control? Or received recent injections?

☐ 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,
☐ aprvd ☐ denied Comfortis,
☐ aprvd ☐ denied HWP
☐ aprvd ☐ denied Bravecto
☐ aprvd ☐ denied DeWorming

(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: _____ Date: _____