

Pet Health Checkup Checklist

PLEASE INFORM US OF ANY CHANGE IN YOUR INFORMATION!!

Please take a few minutes to review the following checklist and note any changes in your pet's behavior. We need your cooperation to recognize potential health problems as early as possible. **PLEASE READ AND FILL OUT FORM COMPLETELY AND RETURN IT TO THE RECEPTIONIST SO DR. STOREY CAN REVIEW IT WITH YOU.**

YOUR NAME: _____ **DATE:** _____
PETS NAME: _____ **AGE:** _____

◆ DOES YOUR PET TRAVEL TO OTHER PARTS OF THE COUNTRY? (circle) YES NO

What did you bring your pet in for today: _____

Please briefly describe your pet's general health: _____

What do you currently feed your pet: (Include pet food, snacks, table scraps, etc.) _____

Is your pet currently on heartworm prevention? If so, what. _____

Do you give it monthly and year round? _____

Does your pet exhibit any of the following behaviors? (Please Check All that Apply)

- | | |
|---|--|
| Change in appetite | Doesn't "ask" to go outside |
| Weight loss or gain | Doesn't seek attention/petting |
| Lumps, skin or hair coat problems | No longer greet family members |
| Excessive scratching or licking | Doesn't recognize familiar people/places |
| Bad odor from skin or mouth | Doesn't respond to verbal cues |
| Coughing, sneezing, shortness of breath | Wanders or paces |
| Vomiting, diarrhea or constipation | Stares into space or at walls |
| House-soiling "accidents" | Tremors or shaking |
| Increased/frequent urinations | Sleeps more during the day/less at night |
| Increased thirst | Limping or stiffness after resting |

Does your pet show any other signs of abnormal behavior?

We currently offer permanent identification for our pet with the AVID Chip system, if you don't have permanent identification, please check here if you would like more information about this unique protection for your pet. _____

