



Date: _____

Canine Annual Questionnaire

Name: _____ Pet Name: _____

Phone Number: _____

Reason for visit: _____

Preventions: _____ Last dose: _____

Medications: _____ Last dose: _____

Supplements: _____ Last dose: _____

Diet: _____ How often do you feed your pet? _____

Please circle any and all CURRENT Symptoms

Vomiting Diarrhea Coughing Sneezing Pain/Discomfort

Excessive Scratching/Licking/Chewing Weight loss/gain Change in behavior/activity

Change in urination/defecation Change in mobility Change in appetite

Other: _____

Please circle any and all Lifestyle options that apply to your pet

Grooming Boarding Daycare Dog Parks Access to wildlife

Traveling out of town Swimming in lakes/ponds Trails/hiking

Please circle any additional Services you would like to add to today's visit:

Nail Trim Anal Gland Expression Ear cleaning

Heartworm/Flea Prevention Microchip Medication Refill Bath

Along with an annual exam and vaccines, our doctors recommend **annual blood work**. Our annual wellness panels include **blood testing, a secondary fecal test, and a urinalysis**. The importance of annual blood work is to monitor the overall health of your pet and as they continue to age. **Are you interested in doing this today? YES NO**