CHECK IN FORM – CANINE PATIENT

Date_____**Owner/Pet's Name**_____

Do you have any **Concern**s regarding your pet's health today?_____

_____

(please circle yes or no)

Y N Has there been any increase or decrease in your pets **eating/drinking**? (circle increase or decrease)

Y N Have you noticed any changes in **Vision** or with the eyes?

Y N Have you noticed any changes with **Hearing**, or debris/odor coming from the **Ears**?

Y N Do you have any concerns about the **Skin**? Any **Lumps**? Location?_____

Y N Does your dog have a bad odor from the **Mouth**?

Y N Does your dog have any **Allergies**? If so, to what?_____

Y N Has your dog been **Vomiting**? How often?_____What day did it start?_____

Y N Has your dog had any **Diarrhea**? How often?_____What day did it start?_____

Y N Has your dog been **Coughing or sneezing**?

Y N Has your dog scoot or lick at the **Anal Glands**?

Y N Has your dog ever had **Seizures**? How frequent?_____How long do they last?_____

Y N Does your dog ever **Limp**? If so, what leg(s)?_____How long has this been occurring?_____

Y N Is your pet showing any signs of **Arthritis**? (stiff, slower on walks, slow on stairs)

When is the last time your pet had **Bloodwork** run?_____

Current Diet and Medication or Supplements:

What is your dog's Current Brand of Dog Food and Amount of each serving?:_____

_____

List all Treats_____

When was your pet last given Intestinal Dewormer product?_____

Is your pet on: Heartgard Frontline GOLD Nexgard Other Flea/Tick Product? (Please circle)

Name of Drug/Supplement:_____Dosage?_____

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Name of Drug/Supplement:_____Dosage?_____

FOR OFFICE USE ONLY:

Pet's Weight_____

☐ Name, Address, Phone Email updated Email address:_____