

Wellness Visit Checklist

Elizabeth Animal Hospital

Print Friendly



This form is designed to record the decisions you make for your pet, and to communicate this information to our medical team. We will use your responses to help prepare for your appointment, and to give you a more accurate cost estimate.

- a. Please print this form, fill it out, and **bring it to your appointment**.
 - a. If you prefer to e-mail it to us, use the Edit Friendly form attached.

Pet's Name: _____

If a Cat (feline): Indoor Only Outdoor Only Both Indoor/Outdoor

Your Name: _____

Date: _____

Your Concerns: (Please list any concerns to address at this appointment.)

Yes No **Reaction? Has your pet ever had a reaction to a vaccine or medication?**

Please Describe: _____

Your Pet's Long-Term Medical Conditions:

Medications You Give Your Pet Now (Include Heartworm & Parasite Control):

<u>Name of Medication</u>	<u>Strength/Dosage</u>	<u>How Often Given</u>	<u>What is it for?</u>
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

Supplements/Other (please list anything else you are giving your pet):

<u>Name of Supplement</u>	<u>Strength/Dosage</u>	<u>How Often Given</u>	<u>What is it for?</u>
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

Microchip (\$66):

- My pet already has one.
- Please Microchip Today.
- No thanks, not today.

Anal Glands (\$42):

- Yes, please express/empty.
- Express only if needed.
- No thanks, not today.

Nail Trim (\$25):

- Yes, please trim today.
- Trim only if needed.
- No thanks, not today.

Diet:

Yes No Do you want to discuss a diet recommendation for your pet?

Who in your household feeds your pet?

Dry Food/Kibble: Name of Food: _____
Amount of Food: _____
How Often Fed: _____

Canned Food: Name of Food: _____
Amount of Food: _____
How Often Fed: _____

Treats: Name of Food: _____
Amount of Food: _____
How Often Fed: _____

Table Scraps/Human Food: We never feed Table Scraps/Human Food.
Name of Food(s): _____
Amount of Food: _____
How Often Fed: _____

Body Condition: Please tell us how you rate your pet’s current weight and body condition.

Your Opinion:

- My pet is at a good weight right now.
- My pet is too thin right now.
- My pet is a little too heavy right now.
- My pet is much too heavy right now.
- I do not know.

Doctor’s Opinion:

- Please have the doctor talk to me about my pet’s current weight.
- I do not want to talk about my pet’s current weight.

Vaccines:

Reaction: Yes No Describe here if yes. _____

Split vaccines: The doctor may recommend doing vaccines at two separate appointments, about a week apart, for the health of your pet. This is common if your pet has had a vaccine reaction or if your pet is less than 15 lbs.

Split if Doc recommends Give all that are due today Split them no matter what

Vaccinations to do today:

Check the vaccines you would like updated today if your pet is due at this time or in the near future:

Dogs:

- Yes No Rabies (Included with Exam)
- CORE:**
- Yes No DA2PP (Included with Exam)
- Yes No Bordetella (Included with Exam)
- Yes No Lepto (Included with Exam)
- NON-CORE:**
- Yes No Flu (Additional Charge)
- Yes No Lyme’s (Additional Charge)
- Yes No Rattlesnake (Additional Charge)

Cats:

- CORE:**
- Yes No Rabies (Included with Exam)
- Yes No FVRCP (Included with Exam)
- NON-CORE:**
- Yes No FeLV (Included with Exam)

Parasite Control and Prevention:

Yes **No** Do you want Prevention Medication at your appointment?

Yes NO Strongid (included today)
Roundworm, Hookworm, Whipworm

Yes No Sentinel Spectrum 6 months 12 months
Heartworm, Fleas, Tapeworm, Roundworm, Hookworm, Whipworm

Yes No Simperica 3 mo 6 mo 9 mo 12 mo
Fleas and Ticks

Dental Care for your pet:

Dental Home Care

Yes **No** Are you currently caring for your pet’s teeth at home?

Yes **No** Would you like to hear about options for dental home care?

My pet’s dental treatment was last done by a veterinarian:

Less than a year ago. Where?

Last year. Where?

More than a year ago. Where?

I do not know.

Never done before.

Yes **No** Do you think your pet needs a dental treatment now?

Yes **No** Do you want to discuss a dental treatment if you pet needs it?

Blood Work/Lab Testing

My Pet’s Last Lab Work:

Date: _____

Where: _____

Why: _____

Tests run: _____

What Lab Work do you want to do today?

Yes **No** Life Stage Panel (Annual wellness panel based on your pet’s age and needs) (\$140 - \$200)

Yes **No** Heartworm Test (for dogs only) (included in Life Stage Panel) (\$47)

Yes **No** Fecal Test (included in Life Stage Panel) (\$78)

Yes **No** Urine Test (included in Life Stage Panel) (\$89)

My pet needs Lab Work done for Long Term Medications / Conditions:

(Check all that you think your pet might need.)

Addison’s Disease

Chronic Kidney Disease

Cushing’s Disease

Diabetes

Heart Disease

Pain Medication (included in LSP)

Seizure Medication

Thyroid (included in LSP)

Other:

Schedule Ahead: *Our doctors recommend Senior Pets be seen every 6 months. *****

Yes **No** Please schedule our next appointment while we are here.

Yes **No** Please schedule my other pets too.

All Pets currently in my household: _____