

# 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.)**

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

Please Describe: \_\_\_\_\_

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**Your Pet's Long-Term Medical Conditions:**

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**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**

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

### **Anal Glands**

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

### **Nail Trim**

- ☐ 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 your 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:** \_\_\_\_\_