

**AFFORDABLE**
VETERINARY SERVICES
OF NORTH ARKANSAS

Is your pet fearful around Strangers? Yes / No

Does your pet have reduced energy, change in appetite, or weight changes? Yes /No

Does your pet have diarrhea, vomiting, coughing, sneezing? Yes / No

Noticed increase or decrease in drinking or urination? Yes/ No

Does your pet have any discharge from nose, eyes, vulva, ears etc. ? Yes / No

Does your pet have any known allergies to medications? Yes No

Has your pet ever have any reaction to vaccines? Yes / No

Has your cat been tested for Felv/FIV test?

Has your dog been tested for heartworms or tick borne diseases? Yes /No

Has your pet been diagnosed with any chronic disease? Yes / No

Has your pet had any seizure activity or behavior changes? Yes / No

Have you noticed any signs of lameness with your pet? Yes /No

Have your noticed any itching or hair loss with your pet? Yes/ No

To the best of my knowledge my pet is healthy to under go requested medical procedure.

Signature _____ Date _____