



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 had any reaction to vaccines? ___Yes ___No

Has your cat been tested for Felv/FIV test? ___Yes ___No

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 you noticed any itching or hair loss with your pet? ___Yes ___No

Is your pet current on Flea/Tick Prevention? ___Yes ___No

What are you giving? _____ When was it last given? _____

Is your dog current on Heartworm Prevention? ___Yes ___No

What are you giving? _____ When was it last given? _____

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

Signature _____ Date _____