Your Dog's Annual Examination Report

Please complete the information below so we can keep our records up-to-date.

Your no	ame Date	Dog's name	Age	Weight	
If your	contact information has changed since your last visit,	, please provide new information.			
Street A	address, City, State, Zip				
Home p) ())	Cell phone	Email		
Do you	u have pet insurance? O Yes O No If yes	, please list name of provider			
Ple	ase complete the following information abo	out your dog's health.			
1.	Do you use a heartworm preventive? O Yes	No If yes, list name	Date last adi	ministered	
2.	Do you use a flea/tick preventive? O Yes O 1				
	Have you seen fleas or ticks on your dog? O Ye	es O No			
3.	Do you have other dogs or cats? O Yes O No If yes, how many? Number of other dogs Number of cats				
	Are all dogs and cats currently vaccinated and on	heartworm and flea preventive?	O Yes O No		
	If no, please explain				
	Any other pets? O Yes O No If yes, please explain (type of animal, how many, general health)				
4.	What best describes the amount of time your dog	spends outdoors?			_
7.		valks 0 50:50 Indoor/outdoor 0 Outdoor dog			
5.		,, coluction			
	O Board O Groom O Dog parks O Ober	edience/training class O Contac	ct with neighborhood dogs	O Travels with y	/OU
6.					
7.					
8.	Have you noticed any lumps or bumps on your dog? O Yes O No If yes, please explain				
9.	Have you noticed any skin/coat problems on your dog? O Yes O No If yes, please explain				
10	• Check if you have noticed any of the following: O Coughing or labored breathing O Limping O Tiredness/sluggishness				
	O Increased thirst O Increased urination O				
11	. Does your dog have any behaviors you wish you	could change? O Yes O No			
	If yes, please explain				
12	Please list any health issues you would like to discr	uss with the veterinarian.			

Thank you! Please return this form to the front desk.