

Acct #: _____

Date: _____

Pet Name: _____ Client Name: _____

Reason for today's visit: _____

- **Has your pet ever become sick after a vaccination?**

Which one(s): _____

- **For Cats Only** - Is your cat: Inside Outside Both

Food and Treats

Name, type, quantity and frequency: _____

Prevention Products

Heartworm, flea & tick: _____

Medications and Supplements (Prescription and Over the Counter)

Name, strength and dose: _____

Chronic medical issues: _____

Eating?

If no, when did pet last eat:

Vomiting?

If yes, what and how often: _____

Diarrhea?

If yes, consistency, duration and frequency: _____

Scratching/Itching?

If yes, location, frequency and duration of problem: _____

For YAH use only Checked in by: _____

Currently on PKG: STD DLX Purchasing Today: STD DLX