WINDSOR PARK
VETERINARY CLINIC

PET-CHECK-IN FORM

YOUR NEIGHBORHOOD VET

Pet Check-In Form (circle one): CANINE / FELINE **Date:** _____

Owner Name: _____ **Pet Name:** _____

Reason For Today's Visit: Wellness / Other: _____

What else does your pet need today? Nail Trim / Microchip / Anal Glands / Refill Prescription: _____

Which Heartworm Prevention is your pet on (canine)? _____

Which day of the month is this given? _____ **Refill Needed?** YES / NO

Other Medications (Please include over-the-counter as well): _____ Refill Needed? YES / NO

Are there other pets in the household? Cats / Dogs / Ferrets / Rabbits / Rodents / Other (specify):

PREVIOUS HISTORY

Has your pet ever had an adverse reaction to a vaccine? YES / NO If so, when? _____

Is your pet spayed/neutered? YES / NO If no, list last heat cycle (females only): _____

Does your pet have a microchip? YES / NO / NOT SURE If yes, mfg/chip #: _____

Do you have pet insurance for your pets? YES / NO

LIFESTYLE

Does your pet go to: Grooming / Parks or Dog Parks / Boarding or Day Care / None (circle all that apply)

Percentage of time spent: Indoors Outdoors

DIET

How many times is your pet fed per day? (if free fed, note that) _____

Canned food brand: _____ **Amt per day** _____

Dry food brand: _____ **Amt per day** _____

Human food/Table scraps: _____ **Amt per day** _____

Is your pet's appetite: Increased / Normal / Decreased / Unsure

Is your pet's water consumption: Increased / Normal / Decreased / Unsure

CURRENT HISTORY - Please give details including when you first noticed symptom and any changes since.

Lameness/Stiffness/ Limping? NO / YES

Change in behavior/attitude? NO / YES

Coughing? NO / YES

Diarrhea? NO / YES

Vomiting? NO / YES

Changes in urination? NO / YES

Sneezing or nasal discharge? NO / YES

Does your pet scoot? NO / YES

Does your pet have bad breath? NO / YES

Any scratching, itching, chewing? NO / YES

Any hairloss? NO / YES

Any shaking head or scratching ears? NO / YES

Fleas or Ticks seen? NO / YES

Lethargy/ appears get tired more easily? NO / YES

Additional symptoms or comments: