

PET WELLNESS ASSESSMENT

Thank you for giving us the opportunity to care for your pet. Please take a moment before your appointment to fill out this assessment. The information you give will help us give your pet the best possible care.

Owner's name: _____ Pet's name: _____

Number where you can be reached before, during, and after appointment: _____

Reason for today's visit _____

What diet does your pet currently eat? _____

What treats, vitamins, or chews does your pet receive? _____

What medications does your pet receive? _____ do you need a refill? Y N

What flea and tick prevention does your pet receive? _____ do you need a refill? Y N

What heartworm prevention does your pet receive? _____ do you need a refill? Y N

Mark all that apply to this pet:

- | | | | | |
|--|--|---|------------------------------------|--|
| <input type="checkbox"/> Goes outdoors | <input type="checkbox"/> Scooting | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Gassiness | <input type="checkbox"/> More thirsty |
| <input type="checkbox"/> Goes to groomer/kennel | <input type="checkbox"/> Restless | <input type="checkbox"/> Trouble getting up | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Change in urination |
| <input type="checkbox"/> Decreased sight | <input type="checkbox"/> Limping | <input type="checkbox"/> Increased panting | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Licking paws |
| <input type="checkbox"/> Decreased hearing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Itching/scratching | <input type="checkbox"/> Coughing | <input type="checkbox"/> Lump or bump |
| <input type="checkbox"/> Changes in behavior _____ | <input type="checkbox"/> Travel – where? _____ | | | |

Does your pet have a social media account? List it here so we can follow them! _____

May we post pictures of your pet on facebook.com/parkwayanimalhosp and/or instagram.com/parkwaypetvet? Y N

I hereby authorize Parkway Animal Hospital to examine, treat or prescribe for my pet. I further permit them to contact me for issues pertaining to the health of my pet. I give permission for Parkway Animal Hospital to release medical information about my pets as necessary. I assume responsibility for the charges incurred in the care of my pet today.

Signature of Owner or Agent _____ Date: _____