Arbor Animal Clinic

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ANNUAL EXAMINATION INFORMATION SHEET

In order that we may serve you and your pet, please take a few minutes to fill out both sides of this questionnaire. This will help us to avoid overlooking any problems or health needs your pet may have and allow you to communicate effectively with the Doctor. Thank you for your assistance.

Owner's name:_____
Pet's name:_____ ( )Dog ( )Cat
Age (or approx. age):_____ Spayed/Neutered? ( )Yes ( )No
Phone # where you can be reached:_____

1) Has your pet had any medical or surgical problems which we should know about? _____
If Yes: Please explain_____
2) Is your pet currently taking any medications?_____
If Yes: Please describe_____
3) Has your pet ever had any reaction to a vaccination or medication?____
If Yes: Please describe_____
4) Are there any current problems or concerns for your pet?_____
If Yes: Please explain_____
5) Are there any recent changes in your pet's habits, behavior, or appearance?_____
If Yes: Please describe_____
6) Is there any health topic that you would like more information about?___
If Yes: Please describe_____
7) Is there anything that you would like the Doctor to know? _____
If Yes: Please explain_____
8) My dog/cat is currently on Heartworm Prevention? ( )Yes ( )No
Please refill my Heartworm Prevention: ( )One year supply ( ) Six months
If No: Please start my pet on Heartworm Prevention ( ) Please discuss( )
9) My cat/dog is currently on Flea Prevention? ( )Yes ( )No
Please Rx Flea Prevention for my pet ( ) Please discuss/recommend ( )
10) Are there any other services that you request for your pet today?
Check the appropriate boxes: ( )Nail Trim ( )Express Anal Sacs
( )Bath ( )Bath&Dip ( )Microchip Identification ( )Diet Recommendation
( )City License/Registration ( )Medication Refill_____
( )Other_____

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Notes:
Our practice recommends an Annual Visit for all our patients. At that time, we will perform a thorough physical exam, a parasite (stool) exam, and a heartworm test (dogs). Also, we will update any vaccinations which are now due.
For dogs, we carry and recommend some vaccines which are options for you to choose. You will be given an Optional Vaccine Information Handout which explains each of these vaccines. Our Doctors will be happy to discuss these and tell you if we feel your dog should receive these additional vaccinations.

Please provide my dog with the following vaccinations:
( ) Kennel Cough/Bordetella (required for boarding)
( ) Leptospirosis Bacterin
( ) Rattlesnake Vaccine (please discuss with the Doctor if you feel your dog is at risk of being bitten by a rattlesnake)
( ) Please have the Doctor call to discuss/recommend

Arbor Animal Clinic strongly recommends Wellness Lab Testing for all of our patients five years old and older. Dogs and Cats age very quickly and these Lab Tests, although optional, are a good idea to perform each year to detect medical problems before symptoms are obvious and early treatment can be considered. Please refer to our Wellness Lab Testing Handout for more detail or discuss this with your pet's Doctor.

Please perform the following Laboratory Testing on my pet:
( ) Wellness #1
( ) Wellness #2
( ) Please have the Doctor call to discuss Wellness Lab Testing
( ) Annual Drug Monitoring for:_____
( ) Thyroid Testing
( ) Other_____

Vaccinations are a medical procedure and as with any medical procedure, some risk is inherently involved. Although reactions to and complications from vaccination can occur, they are uncommon and understanding this risk, we recommend vaccinations in dogs and cats. We use a very up-to-date vaccine schedule and understand you may have questions and concerns about vaccination. Please feel free to speak to our Doctors about any concerns that you have.

I have read all of the above and authorize my pet to be vaccinated according to the Doctor's recommendations.

_____ _____
Signature of pet owner/agent ***Date***