

Your Dog's Annual Examination Report

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

Your name _____ Date _____ Dog's name _____ Age _____ Weight _____ lb

If your contact information has changed since your last visit, please provide new information.

Street Address, City, State, Zip

(_____) _____ (_____) _____ (_____) _____
Home phone Work phone Cell phone Email

Do you have pet insurance? Yes No If yes, please list name of provider _____

Please complete the following information about your dog's health.

1. Do you use a heartworm preventive? Yes No If yes, list name _____ Date last administered _____
2. Do you use a flea/tick preventive? Yes No If yes, list name _____ Date last administered _____
Have you seen fleas or ticks on your dog? Yes No
3. Do you have other dogs or cats? Yes 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? Yes No
If no, please explain _____
Any other pets? Yes No If yes, please explain (type of animal, how many, general health) _____
4. What best describes the amount of time your dog spends outdoors?
 Daily for bathroom/walks 50:50 Indoor/outdoor Outdoor dog
5. Check if your dog does any of the following:
 Board Groom Dog parks Obedience/training class Contact with neighborhood dogs Travels with you
6. What brand of food do you feed your dog? _____ How much and how often? _____
7. Do you provide any dental care for your dog? Yes No If yes, please explain _____
8. Have you noticed any lumps or bumps on your dog? Yes No If yes, please explain _____
9. Have you noticed any skin/coat problems on your dog? Yes No If yes, please explain _____
10. Check if you have noticed any of the following: Coughing or labored breathing Limping Tiredness/sluggishness
 Increased thirst Increased urination Diarrhea Vomiting Other _____
11. Does your dog have any behaviors you wish you could change? Yes No
If yes, please explain _____
12. Please list any health issues you would like to discuss with the veterinarian. _____

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

Canine Annual Examination Report

GENERAL

Weight Normal Thin Heavy Ideal weight _____lb

Attitude Normal Lethargic Nervous

VACCINATIONS

ADMINISTERED TODAY

RV DAP Bord/PI Lyme Lepto Corona

BLOODWORK

Heartworm antigen test Negative Positive Lyme antibody test Negative Positive

E. canis antibody test Negative Positive Internal parasite test Negative Positive

COAT AND SKIN

Appear normal Dull, scaly, dry Itchy Matted Parasites Mange mites

Other _____

EYES AND EARS

Appear normal Excessive wax Discharge Infection Mites Cataracts

Other _____

NOSE AND THROAT

Appear normal Sneezing Inflammation Discharge Swelling Tumor

Other _____

MOUTH/TEETH/GUMS

Appear normal Broken teeth Tartar Gingivitis Calculus Ulcers

Periodontal Disease: Stage ____ / 4 Other _____

HEART AND LUNGS

Appear normal Heart murmur Congestion Cough Difficulty breathing

Other _____

LEGS AND PAWS

Appear normal Nail problems Tumor

Lameness: Front Right Left Rear Right Left

Other _____

GI TRACT/ABDOMEN

Appear normal Diarrhea Vomiting Enlarged organ Tumor

Other _____

NOTES

ANNUAL CHECKLIST

Has Needs

Heartworm preventive _____

Flea preventive _____

Food _____

Pet tabs or multivitamins _____

Dental care _____

Microchip/identification tag _____

Blood tests _____

Other _____

NEXT APPOINTMENT

_____ for _____