

ANNUAL PHYSICAL EXAM/VACCINATIONS

Pets Name: _____

Date: _____



DROP OFF INFORMATION

To be completed in addition to appropriate Hospitalization Authorization forms.

GENERAL

How is your pet today? Healthy?

Do you have any health concerns with your pet? If so, please explain below:

LIFESTYLE

Are there other animals in your home? If so, please specify below:

For Dogs:

Does your dog do any of the following (please circle):

Go to dog parks?	Y	N
Go to boarding facilities or daycare?	Y	N
Go to a groomer?	Y	N

For Cats:

Does your cat go outdoors?	Y	N
Does your cat hunt?	Y	N

FOOD/DRINK

What kind of food does your pet eat?

Have there been any changes in your pet's eating and/or drinking habits? If so, please specify below:

Do you give your pet any supplements?

OTHER

Does your pet receive any medication? If so, please specify below:

Have there been any changes in your pet's bowel movements? (i.e. consistency and frequency)

Has your pet been vomiting out of the ordinary?

Have you noticed any changes in your pet's urination? (i.e. colour, frequency, amount)

CONTACT

Please leave our veterinarians a phone number you can be reached at today in case they have any further questions regarding your pet's health and care.

Signature_____

