



My Pet's Vet
All Family Pets

Pet's Name: _____

Pet's Age: _____

Clinic Use Only

- Wellness Exam
- Junior Wellness Panel
- Senior Wellness Panel
- _____
- _____ HG-
- _____ FL-
- _____
- _____ Revol-

Primary Reason for Visit: _____

Please check the appropriate box if your pet is showing any of the following symptoms:

- Diarrhea or trouble defecating? _____
- Vomiting _____
- Coughing _____
- Sneezing _____
- Eye Problems _____
- Ear Problems _____
- Limping _____
- Lumps, bumps or wounds that won't heal _____
- Itching _____
- Stiffness _____
- Changes in activity level _____
- Circling/repetitive movements _____
- Confusion or disorientation _____
- Sickness while traveling in a car _____
- Less interaction with family _____
- Decreased responsiveness _____
- Tremors or shaking _____
- Skin and hair coat changes _____
- Changes in sleeping patterns _____
- Less enthusiastic greeting or behavior _____
- Difficulty chewing or swallowing _____
- Excessive drooling _____
- Bad breath _____
- Excessive panting or labored breathing _____
- Urinary Problems (straining, more often, etc) _____
- Seizures _____
- Any change in diet or lifestyle? _____

Is your pet exposed to deer or other wild life? _____

Does your pet go to the groomer, dog park, or to a boarding facility? _____

What brand of food is your pet eating? _____

Our goal at My Pet's Vet is to ensure your pet the happiest and healthiest life possible. The best way for us to accomplish this is to practice preventative medicine as well as treating problems as they occur. You know your pet best. Please inform the veterinary assistant of any problems or concerns you may have about your pet.