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***PATIENT***

***INFORMATION***

***Dr. John Nowery***

*Thank you for choosing our clinic for your pet’s healthcare needs. We have designed this patient information form in order to provide your pet with the best possible preventative care. Please take a moment to provide us with this information, as it is an important part of your pet’s wellness examination.*

What kind of food do you feed your pet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What kind of treats do you give? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your pet had any prior illnesses, surgeries or health concerns (such as allergies, arthritis, heartworms, SEIZURES or vaccine reactions) If yes, please list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of the following a concern for you at this time? (check all that apply)

|  |  |  |
| --- | --- | --- |
| \_\_\_ Bad breath  \_\_\_ Excessive Barking  \_\_\_ Housetraining/not using litterbox  \_\_\_ Licking/scratching  \_\_\_ Difficulty with stairs/getting up | \_\_\_ Panting  \_\_\_ Increase in water intake  \_\_\_ Lumps/Bumps  \_\_\_ Changes in vision or hearing  \_\_\_ Weight gain | \_\_\_ Weight loss  \_\_\_ Frequent Vomiting  \_\_\_ Lethargy  \_\_\_ Diarrhea  \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| Does your pet ever come into contact with children? | YES | NO |
| Does your pet travel with you out of state? | YES | NO |
| Will you ever need to board your pet? | YES | NO |
| Does your pet spend long periods of time alone during the day? | YES | NO |
| Are you aware of the life extending benefits of keeping your pet’s weight under control? | YES | NO |
| Are you aware that providing proper dental care could extend your pet’s life by 2 to 4 years? | YES | NO |
| Is your pet on a home dental care program? | YES | NO |
| Is your pet on a monthly program to control heartworms and intestinal parasites? | YES | NO |
| Is your pet on a monthly program to control fleas and ticks? | YES | NO |
| Does your pet have a permanent form of identification such as a microchip? | YES | NO |
| Do you have veterinary pet insurance? | YES | NO |
| Does your pet spend any time around meadows, wooded areas, ponds or lakes? | YES | NO |

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_