

# Wellness Form

Fill this out before your pet's exam!

Owner's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

The best phone number to contact me the day of my pet's appointment: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

If Driftwood is not your regular veterinarian, who is your regular veterinarian? \_\_\_\_\_

Is your pet currently having any problems? \_\_\_\_\_

Is there anything you want us to look at specifically today? \_\_\_\_\_

How has your pet been eating? (circle one)     *Normal*     *Increased*     *Decreased*

What kind of food and how much? \_\_\_\_\_

How has your pet been drinking? (circle one)     *Normal*     *Increased*     *Decreased*

Has there been any vomiting or diarrhea? *Yes* *No*     If so, for how long? \_\_\_\_\_

Have you noticed any blood or other discoloration? \_\_\_\_\_

How would you characterize your pet's urination? (circle one)

*Normal*     *Increased*     *Decreased*     *Painful*     *Straining*     *Not Urinating*

Is your pet on any medications? *Yes* *No*     If so, what kind and what dosage? (please list) \_\_\_\_\_

Does your pet have any chronic health issues? \_\_\_\_\_

Would you like the veterinarian to give you a call after the exam? (mark one)

\_\_\_ Yes, please call me after the exam.

\_\_\_ Yes, please call me ONLY if you find something during the exam.

\_\_\_ No, I do not need to talk to the vet today.

Is there anything that you would specifically like to discuss with the veterinarian today? \_\_\_\_\_

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

