

Liverpool Village Animal Hospital

Office Visit Check List

Health concerns: _____

- | | |
|------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Runny eyes | <input type="checkbox"/> Loss of weight |
| <input type="checkbox"/> Limping | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Appetite change | <input type="checkbox"/> Coughing |

If any of above present, when did it start? _____

Does your pet need vaccines?

Dog: Distemper Rabies
 Intrac (kennel cough) Lyme

Cat: Distemper Rabies
 Feline Leukemia

Does your pet need any laboratory work?

- | | |
|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Heartworm test | <input type="checkbox"/> FeLV/FIV test |
| <input type="checkbox"/> Preanesthesia blood work | <input type="checkbox"/> Fecal parasite examination |
| <input type="checkbox"/> Geriatric chemistry screen | <input type="checkbox"/> Thyroid level |
| <input type="checkbox"/> Phenobarbital level | <input type="checkbox"/> C.B.C. |

Additional Procedures:

Nails Anals Ear cleaning

Other: _____

Does your pet need any medications or refills ?

If yes what kind and how many would you like?

Lifestyle questions: (Check all that apply):

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Indoor cat | <input type="checkbox"/> Traveling out of state (car/ plane) |
| <input type="checkbox"/> Cat goes outside (freq/occ) | Occupation: <input type="checkbox"/> hunting |
| <input type="checkbox"/> Frequent walking in neighborhood | <input type="checkbox"/> search/rescue |
| <input type="checkbox"/> Frequent walks in park | <input type="checkbox"/> therapy |
| <input type="checkbox"/> Will be kenneled in the next 6 months | <input type="checkbox"/> guide dog |
| <input type="checkbox"/> Visits the dog park | <input type="checkbox"/> breeding |
| <input type="checkbox"/> Doggie Day Care | <input type="checkbox"/> Exposed to children |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Exposed to immunosupressed individuals |