



Annual Health Check Questionnaire

To make the most of your visit and help us provide the best possible care to your pet, please answer the following questions: A# _____

Pet's Name: _____ **Age:** _____ **Date:** ___/___/___

Has your pet had all of their regular medications?

Heartworm: Monthly tablet/spot-on ProHeart injection No
Missed any treatments in the past year? No Yes

Worming: Sentinel Interceptor Revolution No
 Tape-wormer 3-monthly allwormer No

Flea Control: Frontline Revolution Advantage Other
 Sentinel Program Sprays/Rinses None

What is your pet's current **diet**? _____

Does your pet have any of the following problems?

Appetite: Eating Less Eating more Normal

Thirst: Drinking Less Drinking more Normal

Body Weight: Lost Weight Gained weight Normal

General: Vomiting Diarrhoea Coughing No

Activity and Mobility: Less Active Stiff / Slow Limping Normal
 Difficulty jumping, getting up or climbing stairs

Skin & Coat: Fleas Rashes Hair Loss Normal
 Scratching Licking Scaly skin
 Lumps Sores Body odour

Mouth/Teeth: Bad Breath Trouble eating Drooling Normal

Ears: Smelly Scratching Shaking head Normal

Urine: More often Large amount Other Normal

Behaviour: Aggressive Barks a lot Destructive Normal
 Very scared of storms/noises Other

Have you noticed anything else unusual with your pet? Yes No

Anything else that you would like to discuss with the vet? Yes No

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A comprehensive Home Health Checklist is available on request, or can be printed from our web site.