

Norwood Animal Hospital
437 Walpole Street
Norwood, MA 02062
781-769-3011

Client _____ Date _____

Pet _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone number: _____

Cell Number (if different) _____

E-mail: _____

We will not sell or share your e-mail with anyone. It will solely be used for us to send e-newsletters and important alerts. **May we send negative 4DX results by email? Sign here if you prefer to receive an email instead of a post card.** _____

What concerns would you like the doctor to address today?

Has your pet been scratching or rubbing his (or her) ears? Yes No

Have you noticed any discharge from your pet's eyes? Yes No

Have you noticed redness in or around your pets' eyes? Yes No

How has your pet's appetite been? Normal? Larger than normal? Smaller than normal?

Has your pet been vomiting? Yes No How many times per week? _____

How are your pet's bowel movements? Normal Hard Soft Liquid

What do you feed your pet? How much and how often?

Does your pet seem to have any trouble chewing? Yes No

Does your pet seem to have trouble getting around? Yes No

If yes, is it worse in the morning? Yes No

(OVER)

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Is it worse when it's cold outside? Yes No

Have you noticed your pet sneezing? Yes No Coughing? Yes No

Has your pet been itchy? Yes No

Chewing anywhere on his/her body? Yes No Where?

Losing fur? Yes No

Where? _____

Does your pet seem to be drinking a lot of water? Yes No

Is your pet urinating frequently? Yes No

Dogs: Need to go out urgently? Yes No

Does your pet urinate in inappropriate places? Yes No

Annual Visits Only

Is your pet microchipped? We recommend this for all pets! Yes No Not Sure

For dogs: Will your dog spend time in a kennel, doggie day care, play park or training classes this year?

Yes No Not Sure (Bordatella)

We recommend Lyme vaccinations for all dogs. If your pet is not vaccinated, may we start the series today? Yes No I would like to discuss it with the doctor

Do you need heartworm medication (Heartgard)? Yes No quantity: _____ months

Do you need flea and tick medication (Frontline)? Yes No quantity: _____ months

For cats: Does your cat ever go outside? Yes No

Has your cat been outside in the last 12 months? Yes No

Do you need flea and tick medication (Frontline)? Yes No quantity: _____ months

Do you need heartworm medication (Heartgard)? Yes No quantity: _____ months