Altord Avenue Veterinary Hospital Checklist for Annual Wellness Appointments

Please check your information and update as needed. NAME:			Office Use Only
ADDRESS:			Date:
HOME #: WORK #:			Weight:
CELL #:			Temperature:
PET'S NAME: SPECIES: BREED:			Microchip Scanned? Y N
COLOR: BIRTHDAY: SEX:			
Does your cat have a microchip?	Yes No	MICROCHIP #:	
We now offer both a 1 year (\$35) and a 3 year (\$76) rabies vaccine for cats. Which would you prefer?			
Are you interested in a General Profile today to look for signs of hidden problems? (\$136) Yes No Profile includes CBC, chemistry panel, thyroid level, and urinalysis to screen for problems like anemia, infection, diabetes, thyroid disease, kidney failure, and liver disease.			
Are you interested in learning about pet insurance? Yes No Do we have your permission to use images of your cat on our Facebook page? Yes No			
What other types of animals live with this cat?			
What percentage of time does your cat spend outside?			
What food are you feeding?			
What heartworm preventative do What flea preventative do you giv	you give your cat? e your cat?	How ofte	en? Need refill? Y N en? Need refill? Y N
Current medications			
What dental care do you provide for your cat at home? (Check all that apply) ☐ Brush teeth – How often? ☐ Oral rinse or gel ☐ Dental diet ☐ Dental treats			
Has your cat been seen elsewhere for medical care since we last saw him/her? Yes No If yes, when, where, and what was done?			
☐ Excessive urination ☐ \	ymptoms? (Check all Excessive drinking Vomiting Behavior/Anxiety Issue	☐ Sneezing☐ Lethargy	
Any bumps or skin masses that the doctor should be aware of? Yes No If yes, where, when was it noticed, and any changes?			
Is there anything else you would like to discuss with the doctor today?			

Does your cat need a nail trim today? (\$12) Yes No