

Catawba Animal Clinic

2241 India Hook Rd. Rock Hill, SC 29732

ANNUAL HEALTH REVIEW

Catawba Animal Clinic's goal is to provide you with all the up-to-date pet health information available to allow you to make an informed decision about your pet's health care.

MY PET ...

1. Spends all of its time..... Indoors Indoors/Outdoors Outdoors

Comes in contact with other pets: (While boarding, bathed, or professionally groomed or at a dog park) Yes No

Travels outside of South Carolina..... Yes No If yes, where? _____

2. What food do you feed your pet? (if any table food, please list? _____

3. Which best describes your pet's weight? Normal weight Too thin Needs to lose weight Gain a few pounds

4. Please check if any of these conditions pertain to your pet:

- | | | |
|---|---|---|
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Change in behavior | <input type="checkbox"/> Vision problems |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fleas/ticks | <input type="checkbox"/> Leaking or dribbling urine |
| <input type="checkbox"/> Itching/chewing | <input type="checkbox"/> Heavy breathing | <input type="checkbox"/> Increased stiffness or limping |
| <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Change in appetite | <input type="checkbox"/> Difficulty rising or rear leg weakness |
| <input type="checkbox"/> Loose stools | <input type="checkbox"/> Skin growths | |
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Eye discharge | |
| <input type="checkbox"/> Sneezing | <input type="checkbox"/> Frequent urination | |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Change in weight | |

5. Which best describes your pet's water consumption? Same as last year More than last year

6. Which best describes your pet's breath? Unpleasant Not bad for pet's breath Really bad (needs mouthwash)

7. Is your pet on medications other than ones dispensed here? Please list: _____

8. Is your pet currently on Flea/Tick Protection? Yes No

Name: _____ Do you need a refill? Yes No

9. Is your pet currently on Heartworm Preventive? Yes No

Name: _____ Do you need a refill? Yes No

Has your pet missed any heartworm preventive doses? If so, when? _____

How many doses missed? _____

10. What other concerns would you like to discuss?
