



ANNUAL EXAM QUESTIONNAIRE

Please complete the following as thoroughly as possible. The doctor will call the phone number below after he/she has examined your pet to

discuss findings and answer any questions you may have.

Owner's Name: _____

Date: _____

Phone Number (to be reached today): _____

Pet's Name: _____

We recommend checking a stool sample for intestinal parasites annually. **DID YOU BRING A STOOL SAMPLE FOR A FECAL TEST? YES NO**

If no, would you like for us to collect one while your pet is here if possible? **YES NO**

(Dogs only) We recommend performing a 4dx test annually to check for heartworm & tick-borne diseases such as Lyme. **WOULD YOU LIKE THE DOCTOR TO PERFORM A 4DX TEST YES NO**

Please let us know...

What do you use for flea/tick prevention?
 _____ Need a refill?

What do you use for heartworm prevention?
 _____ Need a refill?

What other medications, including any supplements, does your pet take? Please include dose and frequency.

 _____ Need a refill?

Have there been any changes to your pet's behavior? If so, please describe:

Any vomiting or diarrhea? YES NO
 Coughing or Sneezing? YES NO
 Eating & Drinking Normally? YES NO

ANYTHING ELSE YOU'D LIKE TO BRING TO THE DOCTOR'S ATTENTION?:

Please sign your name below AUTHORIZING Goosepond Animal Hospital's Doctor(s) to provide an annual exam and other services as indicated for the pet named above:

 Client Signature / /
 DATE