

## **Veterinary Visit Check List**

How long have you had your pet?

Where did you get your pet?

Has your pet been vaccinated? Against which diseases? Please bring any records you have.

What do you feed your pet? (Brand, canned, dry, snacks, table scraps)

Is your pet eating more or less than usual?

Is your pet drinking more or less than usual? And how much do they drink (approximately)

Is your pet urinating more or less than usual? Any difficulty urinating?

Are your pet's stools normal? Too hard, too loose? Frequency?

Any urinary or fecal accidents in the house?

For cats: What type of cat litter do you use? How many litter boxes?

Any coughing? sneezing? vomiting?

Any recent weight gain or loss?

Any changes in behavior?

Any behavior concerns?

Have you traveled outside of this area with your pet?

Does your pet go outside?

Has your pet ever had any health issues? What treatment did he/she receive?

Is your pet on any medication? (Name of med, dose, frequency)

Is your pet on any supplements? (Name, dose, frequency)

Does your pet go to daycare, boarding, dog parks, grooming, dog shows, in pet stores?

Is your pet on heartworm and flea prevention? What type? Do you use it year round?

Do you have any other pets?