



Olathe Animal Hospital Canine Wellness Exam

Owner's Name _____
 Address _____
 Phone numbers Home: _____
 Addtl' phone Other: _____
 Email address _____

Pet's Name _____
 Breed: _____
 Sex: M F Neutered/spayed?
 Age: _____
 Microchip# _____

ANNUAL HISTORY AND RISK FACTOR EVALUATION

Since your last visit, some aspects of your dog's lifestyle may have changed. We'll use the information below to evaluate your dog's health and individualize the care your dog receives, including vaccinations and examinations. For numbers 1-14, put a check next to the sentences that describe your dog's current lifestyle.

Check all that apply. My dog:

1. Is taken for walks
2. Is taken to parks for exercise and play
3. Goes camping with us
4. Is taken to the groomer
5. Occasionally goes to pet stores with me
6. Is taken to the country or farm
7. Is taken to boarding kennels when we are on vacation
8. Is taken to outdoor community events
9. Is sometimes visited by or visits other dogs
10. Currently attending an obedience or training classes
11. Participates in competitive events i.e. dog shows
12. Is used for hunting
13. Has access to a fenced-in yard (Electric or traditional—please circle)
14. Lives with or frequently visits pregnant or immunocompromised person(s)
15. Is on medication (please indicate what kind in the following section)

Heartworm Prevention: Heartgard Interceptor Proheart6 Other: _____ Where Purchased? _____

Flea/Tick Prevention: Frontline Vectra 3D Other: _____ Where Purchased? _____

Other Medications: _____

Do you need any heartworm prevention today? Y / N

Do you need any flea/tick preventative today? Y / N

My pet has a microchip Y / N Would you be interested in a microchip today? Y / N

Please answer the following questions to the best of your knowledge.

Appetite: Normal Decreased Increased Current Brand of Diet: _____

Weight: Stable Loss Gain

Water consumption? Normal Decreased Increased

Bowel movements? Normal Constipated Diarrhea (For how long? _____)

Urination? Normal Decreased Increased Amount Loss of housetraining

Vomiting? Yes No

Car Sick? Yes No

Straining to urinate? Yes No

Coughing? Yes No

Gagging? Yes No

Lethargic? Yes No

Shaking head? Yes No

Scratching? Yes No Location: _____

Significant hair loss? Yes No Patchy Generalized Excessive Shedding

Scotting currently? Yes No

Unusual lumps or bumps? Yes No

Bad breath? Yes No

Unusual discharge? Yes No Location: _____

Lameness? Yes No Which Leg: RF LF RR LR

Difficulty rising? Yes No

Any behavioral changes? Yes No Describe: _____

Any previous medical conditions or surgeries we should know about? _____

It's ok to post pictures of my pet on Olathe Animal Hospital's Facebook page or website. (We love to share our pictures with other pet lovers!) **Don't forget to like us on Facebook!**