

HERITAGE VETERINARY HOSPITAL

Pet Checklist

You know your pet best. In an effort to better serve the needs of you and your pet, please take a moment to consider the following possible changes in your pet. Check all that apply.

Behavior / Neurological

- Not seeking as much attention and interacts less with the family
- Seems confused or disoriented, wanders or paces
- Not acting like themselves
- Tremors or episodes of shaking
- Has become aggressive or fearful
- Barking, howling or meowing excessively
- Sleeping patterns have changed
- Circling, head tilts, or repetitive motion

Body Functions

- Gained or lost weight
- Urinating more frequently
- Has accidents (urinary or stool)
- Bad breath or red or swollen gums
- Shaking head or scratching at ears
- Vomits more than occasionally (2-3 times/month)
- Eye or sight problems
- Ear or hearing problems
- Eating or drinking habits have changed
- Dragging bottom or chewing under tail excessively
- Bowel habits have changed (diarrhea, constipation, change in frequency, volume or appearance)

Activity / Orthopedics

- Change in activity level
- Signs of pain
- Change in tolerance of walks or exercise
- Difficulty with stairs or jumping
- Stiffness or limping

Heart / Lungs

- Panting more
- Coughing at night
- Seems winded easier after walking or playing
- Tires more rapidly
- Sneezing

Skin / Coat

- New lumps or bumps
- Changes in existing lumps or bumps
- Changes in hair, coat, or skin
- Scratches, licks, or chews excessively
- Skin has an odor

Other _____

Food

What brand/formula do you feed your pet?

Dry _____ Canned _____

Do you always feed them the same brand food or do they get a variety?

Do they get packaged treats? _____

Do they get "human" food? _____

Travel & Outings

Does your pet get car-sick? _____

Have you recently moved? _____

Where does your pet visit or travel?

Other people's homes

The dog park

The park

Groomer

Trainer

Boarding or daycare

Hiking, fishing, camping

Restaurants, stores

Other _____

Preventative Medicine

Does your pet receive preventative medication year round for:

Heartworm? _____

Brand used? _____

Where is this purchased? _____

Flea/Ticks? _____

Brand Used? _____

Where is this purchased? _____

Does your pet take any vitamins/supplements? _____

Brand Used? _____

Used for? _____

Where is this Purchased? _____