



# Wayne Veterinary Hospital PA



## Wellness Exam Information

*Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible please take a minute to fill out this form completely. Thank you!*

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_  Dog  Cat Other: \_\_\_\_\_

Has your dog been tested for Heartworms?  Yes  No  N/A Is your dog on monthly Heartworm Prevention?  Yes  No

Are all of your pets protected against internal and external parasites?  Yes  No  I would like more information

Would you like to know more about senior lab work and how it can benefit your pet?  Yes  No  N/A

Do you know how important good dental care is for your pet's overall health?  Yes  No

Are there any questions or concerns you would like to speak to the doctor about today?  Yes  No

If yes please explain: \_\_\_\_\_

Has your pet been treated or vaccinated at another Veterinary Clinic or Hospital since last seen here?  Yes  No

If yes please fill in Clinic/Hospital name: \_\_\_\_\_

Is your pet taking any medications or supplements not prescribed by Wayne Veterinary Hospital?  Yes  No

If yes please list all medications and supplements: \_\_\_\_\_

What brand of food does your pet eat? \_\_\_\_\_ Does your pet eat "human food"?  Yes  No

Would you like to speak to your Veterinarian about your pet's diet today?  Yes  No

Has any of your personal information changed? Phone numbers? Address?  Yes  No

If yes please let us know what changed: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_

### Authorization

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at time of release and that a deposit may be required for surgical or major treatment.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_