

**Date:** \_\_\_\_\_

**Owner's name:** \_\_\_\_\_ **Pet's name:** \_\_\_\_\_

The primary purpose of annual examination is to prevent disease or, at least, to discover abnormalities while they are still treatable. It is also the time to review previous health problems, monitor current medications and update immunizations.

Vaccination protocols have changed and we no longer recommend every vaccine every year. The vaccination schedule is modified for each individual patient. Manatee County recognizes the three-year rabies vaccine and we suggest "distemper boosters" (FVRCP in felines) be extended to every three years as well. Other vaccines depend upon the exposure risk for your pet.

Vaccinate my pet per doctors' recommendations.

Rabies – 1 year     Rabies – 3 year     FVRC     Panleukopenia     Feline Leukemia

**Additional Requests:**

Draw blood for laboratory work-up     Intestinal parasite screen (recommended annually)  
 FeLV/FIV/HW combination test     Nail trim

Please list any specific concerns or problems with your pet \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

When did your pet last eat? \_\_\_\_\_

When did your pet last drink? \_\_\_\_\_

Does your pet go outside? \_\_\_\_\_ If yes, how often and for how long? \_\_\_\_\_

Is your pet on heartworm preventative? \_\_\_\_\_

Is your pet on flea medication? \_\_\_\_\_

Is your pet on any other medications? \_\_\_\_\_

Appetite:     Normal     Poor     Anorexia     Excessive

Thirst:     Normal     Increased     Decreased     None

Urination:     Normal     Increased     Decreased     Straining     Bloody

Stools:     Normal     Hard     Soft     Diarrhea     Straining     Bloody

Respiration:     Normal     Increased     Coughing     Sneezing

Vomiting:     None     Food     Mucus     Bile     Blood

Other: \_\_\_\_\_

**Permission for Diagnostics and Treatment**

If we find the need for sedation or diagnostic labwork, would you like us to:

perform the procedures     contact you with an estimate (phone # \_\_\_\_\_)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Wk# \_\_\_\_\_ Cell# \_\_\_\_\_

**Please indicate your preferred contact number.**

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