

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" 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

Da2PP

Leptospirosis

Borrelia (Lyme)

Bordetella

Canine Influenza

Additional Requests:

Nail trim Express anal sacs Clean ears Draw blood for laboratory work-up

Heartworm Test (recommended annually) Intestinal parasite screen (recommended annually)

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? _____

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.