**ANNUAL / WELLNESS EXAM FORM**

**When you arrive,** call and let us know you are here for your appointment. Please let us know at that time whether you would prefer to wait in your vehicle or come in the building during your appointment. Only one pet owner may come in the building for an appointment, with the exception of end-of-life care. One of our team members will come out and bring you and/or your pet into the building when a doctor is ready to see your pet. Please make sure you are wearing a mask during any face to face interactions with others and for the whole time you are in the building. Please stay on site the entire time your pet is in our care, and remain in your vehicle for a curbside appointment. Also please make sure that your phone is on and in working order at the time of your appointment.

**If you are a new client to our clinic or if this is a new pet of yours coming to our clinic for the first time;** please fill out a new patient form and email or fax all prior medical records and vaccination records to the clinic prior to your appointment. Our email address for this purpose is [bcahdvm@gmail.com](mailto:bcahdvm@gmail.com) and our fax number is 612-822-2791

**Covid Protocol:**

**Please arrive approximately 15 minutes prior to the appointment.**

**Call 612-822-2149 upon arrival. After 8/1/21 you may send us a text message to let us know you have arrived.**

**Please** note that we are routinely experiencing higher than normal call volumes and you may be placed on hold. As we are accommodating more sick pets, we thank you in advance for your patience and understanding. When you arrive and call, if you are asked if you can be put on hold, please let us know you are here for an appointment and when it is scheduled for.

***We ask that you remain in your vehicle until we come to get you and/or your pet, wear a mask during any and all face to face interactions, be reachable by phone, and stay on site at the hospital the entire time your pet is in our care .***

**Client information:**

Client Name:

Pet’s Name:

What is the best available phone number to reach you in your vehicle?:

Make and color of your vehicle:

Would you prefer curbside or in-person service?:

Date of appointment:

Date form completed:

**EXAM: WELLNESS VISIT**

**Reason for Visit: (please check all that apply)**

❏ Vaccines/Annual Wellness Exam

❏ Dog

❏ Cat

❏ Indoor cat only

❏ Have they gotten out recently (including by mistake)?

It is recommended that your pet have an annual fecal exam. If you can bring a stool sample please do. ❏ I will be bringing a stool sample from my pet. *(\*Ideally less than 3 hours old, and not dried out.)*

❏ Heartworm Test (For canines)

Additional Screening: If your dog is older than 6 years or on any specific medication a senior health screening is recommended. Would you like to do a senior health screening?

❏ Yes

❏ No

The National Parasitology Commission for Companion Animal Parasite Control recommends that both heartworm preventative and flea and tick medication be given year round. Heartworm refills require a yearly heartworm testing.

❏ Refill of heartworm prevention

How many doses:

❏ Refill of flea/tick prevention

How many doses:

❏ Refill on any other medications

What medication:

What is the medication strength and dosing instructions:

How many would you like:

Are you giving the medication differently than prescribed?:

How is the medicine working for your pet?:

**Diet**

What are you feeding your pet? (Brand, type, flavors):

How much and how often?

Is this a grain-free diet?

Is this a raw food diet?

Other:

**While my pet is here I would like the following done, if possible. (Select all the apply):** ❏ Nail Trim

❏ Anal Gland Expression

❏ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are there any other questions or concerns regarding your pet? Please state below:**