

Refills

What flea/tick prevention is patient using? _____ Y/N

Last given: _____

What heartworm prevention is patient using? _____ Y/N

Last given: _____

Other medications currently taking, including how many and how often:

1. _____ Y/N

2. _____ Y/N

3. _____ Y/N

For Doctor's Notes Only

Wt:

Temp:

BCS:

Dental Tartar 1 2 3 4 +

Clean

Baby teeth

Eyes:

Ears:

Heart:

HR:

Lungs:

Skin/Flea comb:

Abd:

Notes: