

# VET VISIT CHECKLIST



## BASICS

Owner Name: \_\_\_\_\_

Owner Phone number: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Pet D.O.B. or estimated age: \_\_\_\_\_

Pet Type: \_\_\_\_\_ Pet Breed: \_\_\_\_\_

Pet Gender: \_\_\_\_\_

## HISTORY

Date of last appointment or physical: \_\_\_\_\_

Vaccines:

Date:

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Surgeries:

Date:

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Pre-existing Conditions:

Diagnosed:

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**CURRENT**

Medications (include vitamins and any OTC meds):

Dose/Frequency:

_____	_____
_____	_____
_____	_____
_____	_____

Symptoms/Concerns

Date of Onset:

1. _____	_____
_____	_____
2. _____	_____
_____	_____
3. _____	_____
_____	_____
4. _____	_____
_____	_____

Questions:

1. \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Answer: \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

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Answer: \_\_\_\_\_

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## **NOTES**

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