



# Olathe Animal Hospital Canine Wellness Exam

**Owner's Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
\_\_\_\_\_  
**Phone numbers** Home: \_\_\_\_\_  
Other (specify): \_\_\_\_\_  
**Email address** \_\_\_\_\_

**Pet's Name** \_\_\_\_\_  
Breed: \_\_\_\_\_  
M F  
Age: \_\_\_\_\_  
**Microchip#** \_\_\_\_\_

## ANNUAL HISTORY AND RISK FACTOR EVALUATION

Since your last visit, some aspects of your dog's lifestyle may have changed. We'll use the information below to evaluate your dog's health and individualize the care your dog receives, including vaccinations and examinations. For numbers 1-14, put a check next to the sentences that describe your dog's current lifestyle.

Check all that apply. My dog:

1.  Is taken for walks
2.  Is taken to parks for exercise and play
3.  Goes camping with us
4.  Is taken to the groomer
5.  Occasionally goes to pet stores with me
6.  Is taken to the country or farm
7.  Is taken to boarding kennels when we are on vacation
8.  Is taken to outdoor community events
9.  Is sometimes visited by or visits other dogs
10.  Currently attending an obedience or training classes
11.  Participates in competitive events i.e. dog shows
12.  Is used for hunting
13.  Has access to a fenced-in yard (Electric or traditional—please circle)
14.  Is on medication (please indicate what kind in the following section)

Heartworm Prevention: Heartgard Interceptor Other: \_\_\_\_\_

Flea/Tick Prevention: Frontline Vectra 3D Other: \_\_\_\_\_

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

Do you need any heartworm prevention today? Y / N If so, how many doses? single dose 6mos 12mos

Do you need any flea/tick preventative today? Y / N if so, how many doses? single dose 6mos 12mos

My pet has a microchip Y / N Would you be interested in a microchip today? Y / N

### Please answer the following questions to the best of your knowledge.

Appetite:  Decreased  Normal  Increased

Current Brand of Diet: \_\_\_\_\_

Weight:  Loss  Gain  Stable

Water consumption?  Decreased  Normal  Increased

Bowel movements?  Constipated  Normal  Diarrhea (For how long? \_\_\_\_\_)

Urination?  Decreased  Normal  Increased Amount  Loss of housetraining

Vomiting?  Yes  No

Straining to urinate?  Yes  No

Coughing?  Yes  No

Gagging?  Yes  No

Lethargic?  Yes  No

Shaking head?  Yes  No

Scratching?  Yes  No Location: \_\_\_\_\_

Significant hair loss?  Yes  No  Patchy  Generalized  Excessive Shedding

Scoting currently?  Yes  No

Unusual lumps or bumps?  Yes  No

Bad breath?  Yes  No

Unusual discharge?  Yes  No Location: \_\_\_\_\_

Lameness?  Yes  No Which Leg:  RF  LF  RR  LR

Difficulty rising?  Yes  No

Any behavioral changes?  Yes  No Describe: \_\_\_\_\_

Any previous medical conditions or surgeries we should know about? \_\_\_\_\_

Opt Out: Check this box if you do NOT want your pet's picture or name displayed on our website, Facebook, Twitter, or any promotional materials. We love sharing our pictures with other pet lovers!