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Catawba

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803-366-8188
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www.CatawbaAnimal.com

Date _____

Pet's Name _____

ANNUAL HEALTH REVIEW

Catawba Animal Clinic's goal is to provide you with all the up-to-date pet health information available to allow you to make an informed decision about your pet's health care.

MY PET ...

- Spends all of its time..... Indoors Outdoors Indoors/Outdoors

Comes in contact with other pets.... (while boarded at a kennel, bathed, professionally groomed or at a dog park) Yes No

Travels outside of South Carolina..... Yes No If yes, where? _____
- What do you feed your pet? (if any table food, please list) _____
- Which best describes your pet's weight? Too thin Normal weight Gained a few pounds Needs to lose weight
- Please check if any of these conditions pertain to your pet:

<input type="checkbox"/> Coughing	<input type="checkbox"/> Itching/chewing	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Difficulty rising or rear leg weakness
<input type="checkbox"/> Sneezing	<input type="checkbox"/> Hair loss	<input type="checkbox"/> Loose stools	<input type="checkbox"/> Increased stiffness or limping
<input type="checkbox"/> Heavy breathing	<input type="checkbox"/> Fleas/ticks	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Crying
<input type="checkbox"/> Eye discharge	<input type="checkbox"/> Skin growths	<input type="checkbox"/> Leaking or dribbling urine	<input type="checkbox"/> Change in behavior
<input type="checkbox"/> Vision problems	<input type="checkbox"/> Change in weight	<input type="checkbox"/> Increased thirst	<input type="checkbox"/> Change in appetite
- Which best describes your pet's water consumption? Same as last year More than last year
- Which best describes your pet's breath? Not bad for pet's breath Unpleasant Really bad (needs mouthwash)
- Is your pet on medications other than ones dispensed here?
Please list: _____
- Is your pet currently on Heartworm Preventive? Yes No
Which type? _____

Do you need a refill? Yes No

Has your pet missed any heartworm preventive doses?
 Yes No

If so, when? _____
How many doses missed? _____
- Is your pet currently on Flea/Tick Protection?
 Yes No

Do you need a refill? Yes No
- Other Concerns: _____

*The American Heartworm Society is now recommending annual heartworm testing. Although we have confidence in all our monthly heartworm preventatives, heartworm infection is on the rise. Because of this development annual heartworm testing will ensure dogs are heartworm negative or if positive initiate treatment earlier to minimize disease.