

LELAND VETERINARY HOSPITAL

Annual Physical Questionnaire

Patient Name: _____

Owner Name: _____

Changes in Address or Phone Number: _____

Email Address: _____

Patient Age: _____

Percentage time spent: Indoor _____ Outdoor _____

Check if your pet has had any of the following within the last year: (If so when, how long, and how often)

☐ Sneezing? _____

☐ Coughing? _____

☐ Discharge from Eyes? _____

☐ Increased or Decreased Urination? _____

☐ Increased or Decrease Appetite? _____

☐ Vomiting? _____

☐ Diarrhea? _____

☐ Scratching? _____

☐ Hair Loss? _____

☐ Ticks? _____

☐ Limping? _____

☐ Bite Wounds? _____

☐ Lumps/Masses? _____

☐ Other Questions or Concerns? _____

Continue on Other Side

Has your pet been on any of the following monthly preventatives: (Circle all that apply)

Comfortis Capstar Frontline Advantage Advantix Advantage Multi

VectraSentinel Interceptor Heartgard Plus Iverheart Max

Other_____

Has your Pet missed any months of : (if so how many)

Flea Prevention? ____

Heartworm prevention?_____

Please list any other medications your pet is taking:

Recommended Annual Tests: (indicate which tests you would like performed today)

- ☐ Fecal Parasite Screen
- ☐ Heartworm Test Only (required for purchase of Heartworm Prevention)
- ☐ Heartworm Test with Tick borne Illness Screen
- ☐ Total Health Plus Blood Profile
- ☐ Urinalysis
- ☐ Feline Leukemia, Feline Immunodeficiency Virus, Feline heartworm disease test
- ☐ Request more information on above tests
- ☐ Understand and DECLINE all of the above tests

I,_____ (legal owner of above stated pet), certify that all of the above

information is true and give Leland Veterinary Hospital my permission to perform a Physical Exam

and tests indicated above.

Signature_____

Date_