



**Piedmont
Communities
Spay/Neuter
& Wellness Clinic**

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FAX: (336)217.8227 EMAIL: PCWELLNESSCLINIC02@GMAIL.COM

WELLNESS CHECK-IN INFORMATION

Animal Name _____ Owner Name _____

Address _____ City/Zip _____

Phone # _____ Email _____

1. Are you the owner of this animal? YES NO

2. How long have you owned your pet? _____ Age _____ Date of birth, if known _____

3. Is your pet.... Indoor only Outdoor only Indoor/Outdoor

4. Has your pet ever had a reaction to a vaccine? YES NO DON'T KNOW

If yes, please explain _____

5. Has your pet experienced any of the following in the past week.....

Vomiting and/or diarrhea? YES NO

Sneezing/coughing or nasal/eye discharge? YES NO

6. Does your pet have any history of seizures or heart/liver/kidney issues? YES NO

If yes, please explain _____

7. Is your pet currently taking any of the following.....

Flea prevention YES NO Name, if known _____

Heartworm prevention YES NO Name, if known _____

8. What is your pet's current diet? _____

a. What amount is given (how many cups? Once daily or twice daily?)

b. What snacks/treats does your pet currently receive and how often?

9. Is there anything else about your pet's medical history or behavior that we should know?
