



BIRMINGHAM ANIMAL
HOSPITAL + RESORT

Exam Form (Wellness)

Pet Name	
Client Name	
Phone Number	
Email	
Emergency Contact	
Phone Number	

Reason for visit: (Check all that apply)

- Annual Physical Heartworm Test Fecal Test Vaccines
 Other - Explain: _____

Have you noticed any issues/problems with your pet? (Check all that apply):

- Increase in appetite Weight Loss Behavioral Problem
 Decrease in appetite Weight Gain Urination Issues
 Increase in drinking Scooting Bad Breath
 Decrease in drinking Licking Anxiety
 Itching/Scratching Diarrhea Vomiting
 Masses - Explain: _____
 Other - Explain: _____
 No Problems at this time

Describe how long your pet has experienced the above issues: _____

What brand and type of food do you feed your pet? _____

How much do you feed your pet? _____

Do you give your pet heartworm, flea/tick prevention? If yes, which one? _____

Is your pet on any medications? If yes, which? _____

Do you need refills? _____

What percentage of time does your pet spend outdoors? _____

Does your pet encounter other animals? (Check all that apply)

- Boarding Grooming Dog Parks Daycare Family/Friends Other

Owner's Signature: _____ Date: _____