

Client Name: _____ Patient Name: _____ Date: _____

As dogs move into different phases of life, they experience changes that are very similar to aging humans. Diseases and conditions that are commonly known to affect older people also affect our canine companions: glaucoma, hyper or hypotension, kidney, heart and liver disease, tumors, cancer, diabetes, depression, arthritis, thyroid conditions, hormonal problems, neuroses and loss of sensory perception.

Wellness Testing and preventative health care will allow us to establish baseline values and identify existing health problems that can go unnoticed in their early stages. By answering the following questions about your canine family member and allowing us to do annual wellness blood /urine testing in addition to other diagnostics, you can assist us in detecting the onset of diseases and conditions early.

In order to avoid over vaccinating adult dogs, we recommend titer testing. A blood sample from your dog can detect the presence and strength of his or her immunological response to a viral disease. Satisfactory levels of antibody are considered sufficient to show that your dog is not in need of further vaccination against the disease at that time. Upon review of your titer levels, if a doctor determines that your pet needs a vaccination, we will do it **free of charge**.



Risk Factors (Help us to evaluate your dog's risks for many diseases, such as leptospirosis, Lyme disease, and canine influenza by answering yes or no)

| | | |
|--|-------------------|----|
| My dog has contact with other pets | Yes | No |
| My dog sleeps with me or my children | Yes | No |
| My dog has the opportunity to drink from puddles or pond | Yes | No |
| My dog is on monthly heartworm preventive | Yes | No |
| *Brand / Type: _____ | Last Given: _____ | |
| My dog is on a monthly Flea/Tick preventative | Yes | No |
| *Brand / Type: _____ | Last Given: _____ | |

Signs: Have you noticed?

| | | |
|--|-----|----|
| Change in water consumption | Yes | No |
| Change in appetite | Yes | No |
| Lethargic or depressed (listless) | Yes | No |
| Change in color or quantity of urine or feces | Yes | No |
| Change in attitude (irritability) | Yes | No |
| Change in sleeping patterns | Yes | No |
| Weight Gain or Loss | Yes | No |
| Bad breath or Drooling | Yes | No |
| Lumps or bumps on the skin | Yes | No |
| Excessive panting | Yes | No |
| Increased stiffness, trouble jumping, or walking | Yes | No |
| Is your pet on medication or supplements? | Yes | No |
| *Name/Dosage: _____ | | |

What do you feed your pet? *Type: _____ Quantity: _____



| Dogs Age | 0-20 lbs. | 20-50 lbs. | 51-90 lbs. | >90 lbs. |
|----------|-----------|------------|------------|----------|
| 1 | 7 | 7 | 8 | 9 |
| 5 | 33 | 34 | 38 | 41 |
| 7 | 44 | 47 | 50 | 56 |
| 10 | 56 | 60 | 66 | 78 |
| 12 | 64 | 69 | 77 | 93 |

**Human Age
Equivalent**