

CHECK IN FORM- RECHECK APPT

Date _____ Owner/Pet's Name _____

Since your last appointment, has your pet's condition improved? _____

Have the symptoms completely resolved? If not, which symptoms are still present? _____

Do you have specific concerns about your pet's condition that you want to have addressed today? If so, please describe: _____

Please circle Y for YES and N for No for questions below:

Y N If your pet was given a topical product, applied to the skin– were you able to apply product as directed?

Y N If you pet was given an eye/ear ointment – were you able to apply product as direct?

Y N If you were given ORAL medication – were you able to get all medications into your pet?

Y N If you were given ORAL medication – have you used the entire prescription dispensed to you?

If your pet is still on medication or supplements, please list them here:

Name of Drug/Supplement: _____ Dosage? _____

Name of Drug/Supplement: _____ Dosage? _____

Name of Drug/Supplement: _____ Dosage? _____

Name of Drug/Supplement: _____ Dosage? _____

Name of Drug/Supplement: _____ Dosage? _____

Name of Drug/Supplement: _____ Dosage? _____

Current Diet: _____

Pet's Weight _____

FOR OFFICE USE ONLY:

ALL CLIENTS – CHART PROCESSING:

- Doctors Notes
- Rads Sent to Lakeshore?
- Has the PROBLEM LIST been created into DIAGNOSTIC CODES?
- Labs/Lab reminders
- All forms scanned into computer
- Follow up APPT or CALL.