

**Country Roads Veterinary Services, Inc
Ashland Veterinary Clinic**

Patient Check In

Thank you for choosing our office to provide veterinary care for your pet. Feel free to ask us any questions during your visit today.

Brief Health History

Please list any medications, supplements, or vitamins that your pet is currently taking:

Is your pet having any of the following symptoms:

- Coughing Yes or No
- Increased thirst or urinations Yes or No
- Panting Yes or No
- Bad breath Yes or No
- Itchy skin Yes or No
- Itchy ears Yes or No
- Arthritis signs Yes or No
- Vomitting Yes or No
- Diarrhea Yes or No
- Behavioral Problems Yes or No
- Growths or tumors Yes or No

Is your pet on heartworm prevention Yes or No

Is your pet on flea prevention Yes or No

Please list any medication refills, heartworm or flea prevention refills you need to take with you today:

Do you want your pet to receive vaccinations today Yes or No

How old is your pet?

If your pet is over 7 years of age we recommend that your pet have a senior wellness exam performed today to screen for common geriatric diseases.

I would like a senior wellness exam and testing for my pet Yes or No

Please list any other concerns you would like the veterinarian to address with you today: