



# THE WELLPET GROUP

Please print this out, fill it in and bring it with you on your next appointment.  
Please use one questionnaire for each of your pets (if applicable).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

## PET'S INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_

Is your pet currently on any prescription medication?  Yes  No

If so please list the name and dose: \_\_\_\_\_

\_\_\_\_\_

Is your pet fed a prescription diet?  Yes  No

If so please give the name: \_\_\_\_\_

Has your pet ever had surgery for any reason other than spay or neuter?  Yes  No

If yes what was the reason? \_\_\_\_\_

Is your pet currently on a Heartworm preventative?  Yes  No

Which one: \_\_\_\_\_

