



Orangeville Animal Health Service, LLC

Wellness Exam and Vaccinations Form

Customer/Patient Information

Client Name:

Patient Name:

Species:

Sex:

Weight:

Reason for Visit:

Phone Number

Any problems or questions for the Dr:

Food:

Treats:

Coughing, Sneezing,
Vomiting, Diarrhea:

Excessive drinking/ Urination:

Stiffness/ Soreness/ Lumps:

Scratching/ Licking:

Ears/ Eyes:

Other:

Duration of symptoms:

Medications Currently on:

Vaccinations Due:

Blood Tests:

Heartworm Preventative:

Flea/ Tick Preventative:

Nail Trim: