



Practice of Veterinary  
Medicine & Surgery

1060 S Court St., Medina, OH 44256

[www.medinavets.com](http://www.medinavets.com)

## PATIENT CHECK LIST

Today's date \_\_\_\_\_

Your name \_\_\_\_\_ Your pet's name \_\_\_\_\_ How old is your pet? \_\_\_\_\_

What are you currently feeding your pet? How much? How often? \_\_\_\_\_  
\_\_\_\_\_

What type of treats do you give your pet? How many? How often? \_\_\_\_\_  
\_\_\_\_\_

What is the name of the heartworm and/or flea prevention you give your pet? When did you give the last dose?  
\_\_\_\_\_

What has your pet previously been diagnosed with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medications is your pet currently taking? Use the back of this sheet if necessary.

Name of medication	Dosage	How often

List any problems or concerns you would like to discuss with the doctor today. Circle or add to box.

Vomiting	Diarrhea	Coughing	Sneezing	Lameness
New lumps	Increased urination	Increased thirst	Itching	
Other:				

Has your pet had any previous reactions to vaccines or medications? If so, please tell us to what and describe reaction. \_\_\_\_\_  
\_\_\_\_\_