

Checkup Checklist

Fill out the following information and share it with your veterinarian at your pet's next appointment.

Today's date: _____

Pet's name: _____

Pet's age: _____

1. What changes have you noticed in your pet's health, behavior, or activities? (check all that apply)

Skin

- Itching
- Flaking
- Crusting
- Scaling
- Oily texture
- Unpleasant smell
- Hair loss/excessive shedding
- "Hot spots"
- Cuts or wounds on the skin
- Other _____

Dental health

- Plaque/tartar buildup
- Unpleasant smelling breath
- Red gums
- Broken teeth
- Other _____

Eating/bathroom habits

- Changes in urinary or bowel activities (going to the bathroom more or less often than usual)
- Discomfort when going to the bathroom
- Excessive thirst
- Changes in eating habits
- Significant weight gain or loss
- Other _____

Activity level

- Lethargic/inactive
- Difficulty walking or climbing stairs
- Other _____

Ears

- Itching
- Unpleasant smell
- Redness/irritation
- Waxy buildup
- Ear mites
- Other _____

Which ear is affected?

- Left ear
- Right ear
- Both ears

Behavior

- Nervous or anxious
- Confused or disoriented
- Nighttime barking or meowing
- Other _____

Other problems

- Runny nose
- Bothersome cough
- Other _____

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2. How long has your pet been experiencing these problems?

3. What other concerns or issues would you like to discuss with your veterinarian?

- Flea/tick/worm protection
- Nutritional needs
- Aging-related concerns
- Vaccinations
- Other _____

4. List below any medications or treatments that you would like to discuss with your veterinarian:

Be sure to discuss any concerns about or changes in your pet's behavior with your veterinarian. Always follow your veterinarian's instructions regarding the proper care and treatment of your pet.

– Courtesy of Virbac Animal Health.



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