Hurst Animal Clinic

640 Bedford-Euless Rd. Hurst, TX 76053 817-282-1463

Thank you for entrusting us with your pet's wellness and preventative needs! Your pet is here today for their annual physical and scheduled vaccinations. In order to provide the best possible care, we ask that you take a few minutes to answer the following questions:

		Carrier Charles and Control		LINUTE I	
Today's Date	Email_				
Your Name			,		
Pet's Name					
Address					
City	Zip Code				
Home Phone	Work Phone				
Cell Phone	Other				
Is your pet:					
☐ Exclusively Indoor (more	inside tha	an outside)			
☐ Exclusively Outdoor (mo	re outside	than inside	e)		
☐ Indoor/Outdoor (inside an		25 6			
	g 65 8				
Have you noticed any of th	ie followii YES	ng? NO			
Vomiting					
Diarrhea					
Coughing or sneezing					
Getting tired					
Wheezing					
Difficulty getting up or around					
Increase in water consumption					
Change in urination habits					
CONTINUED ON NEXT PAGE					

	YES	NO	
Itchy skin/licking self			
Hair loss			
Fleas or ticks			
Changes in vision or hearing			
Changes in appetite			
Bad breath			
New lumps			
Are you on <i>Grain-free</i> food?			
Are you interested in microchipping your pet?			☐ Please discuss with me
and slowly progressing. Just a identify and address these con	as it does ditions m	with people, a uch sooner, b	about a pet, many diseases can be subtle ANNUAL BLOODWORK allows us to efore the pet shows serious signs of illness. ed, current cost for screening bloodwork is:
\$78.95 for animals ages\$127.50-\$165.50 for ag			annual vaccine package ng on what we are screening for
Are you interested in this blood work?			☐ Please discuss with me
What medications is your pe	et on inclu	uding supple	ments?
,			
Do you have any other conce	erns that	you would li	ke to discuss with the doctor?
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Cianatura			Dete

Thank you very much for taking the time to fill out this form!