

# ARKLE Pet Check-In Form for Outpatient Care

Pet's name \_\_\_\_\_ Last name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**My dog/cat is here for:** (Please check all that apply)

- |                                                       |                                              |                                     |
|-------------------------------------------------------|----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Recheck exam for _____       | <input type="checkbox"/> Screening lab work  | <input type="checkbox"/> Stool test |
| <input type="checkbox"/> What ever they are due for   | <input type="checkbox"/> Nail trim           | <input type="checkbox"/> Deworming  |
| <input type="checkbox"/> Wellness exam                | <input type="checkbox"/> Express anal glands | <input type="checkbox"/> & Boarding |
| <input type="checkbox"/> Booster vaccinations         | <input type="checkbox"/> Clean ears          |                                     |
| <input type="checkbox"/> Heartworm test               | <input type="checkbox"/> Microchipping       |                                     |
| <input type="checkbox"/> Other reason for visit _____ |                                              |                                     |

**Telephone number where I can be reached** in case of emergency: \_\_\_\_\_

Please check your preference:

- Please call when my pet is ready     Please email/text when my pet is ready
- I would like to pick up my pet at \_\_\_\_\_ o'clock today
- I would like to pick up my pet just before you close today (5:30 pm Mon-Thurs / 11:45 am Fri or Sat)
- Boarding until \_\_\_\_\_ at \_\_\_\_\_ o'clock  
(Check out times are: 8:00 am thru 5:40 pm Mon-Thurs, 8:00am to Noon Fri-Sat)

**Lifestyle:** Check all that are correct for your pet

- Indoor, doesn't ever go outside
- Indoors mostly, outside only on a leash or supervised (\_\_\_ just for elimination)
- Indoor mostly, outside unsupervised 30 minutes or more daily
- Indoor/Outdoor (doggie door)
- Outdoor mostly, comes in for brief times or overnight
- Outdoors all the time

**Companions:**

My pet is  the only animal in the home     lives with dog(s)     lives with cat(s)

My pet goes to:  doggie day care     groomer     dog parks     pet stores     classes     boarding

**Diet:**

1. I feed my pet (name of food) \_\_\_\_\_ (dry) and/or \_\_\_\_\_ (canned).

2. My dog/cat is fed \_\_\_\_\_ times a day    OR     I leave food out at all times for my pet

**Dry food:** I feed my dog/cat a total of \_\_\_\_\_ measured 8 oz cups of dry food each day or  
(other amount-circle: scoops / handfuls / dishful) \_\_\_\_\_ times a day

Other frequency of feeding your pet \_\_\_\_\_

**Canned food:** I feed my dog/cat \_\_\_\_\_ cans of dog food a day

Size of cans? (check one)  5.5oz cans     13 oz cans     other size \_\_\_\_\_

**Treats:**

My dog/cat gets

1. \_\_\_\_\_ brand treats,  
& they get (how many) \_\_\_\_\_ a day
2. \_\_\_\_\_ brand treats,  
& they get (how many) \_\_\_\_\_ a day
3. \_\_\_\_\_ brand treats,  
& they get (how many) \_\_\_\_\_ a day
4. table food or scraps(which foods) \_\_\_\_\_  
& they get how much daily? \_\_\_\_\_

**CONTINUED NEXT PAGE**

**Heartworm Prevention:** My pet is on \_\_\_\_\_ brand heartworm prevention. I gave the last dose on (date) \_\_\_\_\_.

- He/she gets a dose the \_\_\_\_\_ day of each month.
- He/she gets a dose the \_\_\_\_\_ week of each month.
- He/she gets a dose when I remember;  sometimes he/she misses a dose
- I need more heartworm prevention when I pick up my pet.

**External parasites:**

My pet is on \_\_\_\_\_ brand flea +/- tick prevention.

I give a dose the \_\_\_\_\_ day of each month. OR I give a dose every \_\_\_\_\_ months.

I gave the last dose on \_\_\_\_\_.

- My dog is treated year-round  warm months only
- My pet does not get flea prevention

**Prescription medication:** My dog/cat takes the following medications

Name _____	How much _____	How often _____	Last dose _____ o'clock
Name _____	How much _____	How often _____	Last dose _____ o'clock
Name _____	How much _____	How often _____	Last dose _____ o'clock
Name _____	How much _____	How often _____	Last dose _____ o'clock

**Other supplements:** My dog/cat takes the following vitamins and /or supplements:

Name _____	How much _____	How often _____	Last dose given _____
Name _____	How much _____	How often _____	Last dose given _____

**Has your dog/cat shown any changes in:**

Appetite: yes / no if yes, describe \_\_\_\_\_  
Drinking yes / no if yes, describe \_\_\_\_\_  
Behavior yes / no if yes, describe \_\_\_\_\_

I do / do not (circle one) see my dog/cat urinate and have bowel movements.

If you do see them, is there any pain or difficulty eliminating? Yes / No

If yes, describe \_\_\_\_\_

Is there any (circle all that apply) Diarrhea / Constipation / Abnormal color of stools?

**Signs of disease (check all that apply)**

- Sneezes  Coughs  Vomits  Limp(s)  Is losing weight  is lethargic/ less active
- is not eating  Itches (If so, where) \_\_\_\_\_

Has another problem: \_\_\_\_\_

Has lumps or growths. Where? \_\_\_\_\_

See diagrams next page & mark area of lump / wound

When did you first find the mass? \_\_\_\_\_ Has it grown since then?  No  Yes  lots  a little

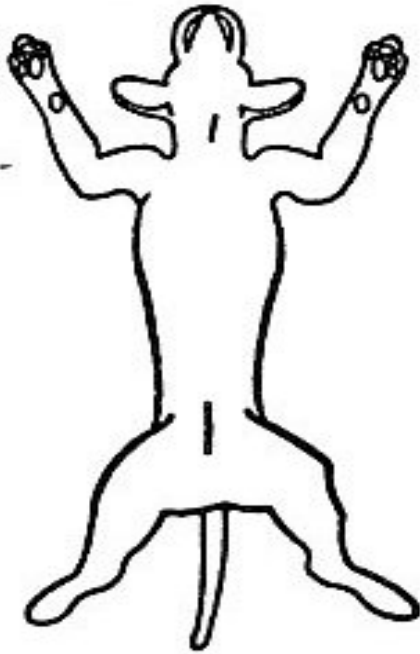
Anything else we need to know to help care for your pet today? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

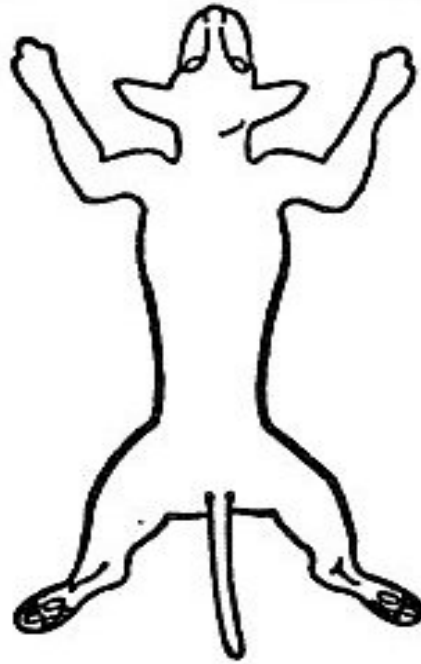
\_\_\_\_\_  
Signature of owner or agent

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

\_\_\_\_\_  
Printed name of owner or agent

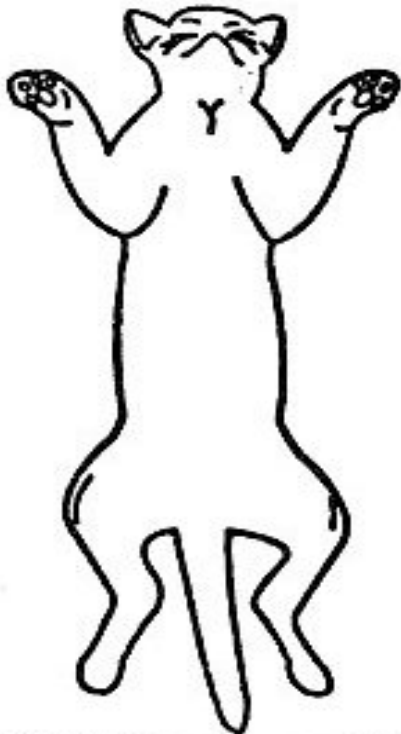


**Ventral**



**Dorsal**

**DOGS**



**CATS**

