



Dr. Jereld Rice
706 Depot St., Enterprise OR
541.426.3331

Wellness Examination Questionnaire

Your Pet's current weight is _____lb. This is a change of _____lbs. from last year

What diet are you feeding? _____

How much are you feeding? _____

How many times daily do you feed your pet? _____

What percentage of the time does your pet spend outdoors? _____

Have you noticed any: itching/scratching licking feet skin growths

Have you noticed any: scratching ears smelly ears

Is there any odor to the breath? Y N

Have you noticed any: sneezing coughing discharge from the eyes or nose

Have you noticed any limping? Y N

Does he/she have trouble: getting up climbing stairs jumping/running

Has there been any recent: vomiting diarrhea scototing

If yes, how long ago and how often _____

Has there been any change in frequency or amount of urination? Y N

Has there been an increase in water consumption? Y N

Has there been a change in appetite? Y N

Has your pet had any accidents in the house? Y N

When was the last time you gave your pet:

Heartworm prevention _____

Flea/Tick prevention _____

When was the last time your pet had bloodscreening? _____ For cats, FIV/FELV testing? _____

Is there anything else that the doctor should know about? _____