



Gehrman Animal Hospital

Minnetonka Office

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Maple Plain Office

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Home Checklist For Pet Health

Owner's Name _____

Animal's Name _____

Date _____

This pet health checklist may help you discover potential problems before they become serious. It also helps us decide which vaccinations your pet should receive. Please answer the questions below and then give this completed questionnaire to our receptionist or technician upon your arrival at the clinic.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | My pet(s) acts normal, is active and in good spirits. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ “ has no significant body odor. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” is free from scratching or biting skin or feet. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” hair coat is glossy and free of dandruff or excessive oils. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” is free of lumps and bumps. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” breathes normally, without coughing or gagging. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has a nose that is moist and free of discharge. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has mild smelling breath. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has healthy looking gums. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” eyes that are bright, clear and free of matter. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” ears are clean and odor free. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has no difficulty moving or getting up or down. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has a normal appetite with no difficulty chewing or swallowing. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” is free from significant vomiting. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has normal appearing bowel movements and passes stool easily. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” doesn't lick the anal area or scoot rear on carpets. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” drinks an average amount of water. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” urinates in the usual amounts and frequency. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” can make it through the night without wanting to go outside. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” has no particular behavioral problems. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” regularly goes outside. |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” goes out of the metro area (hunting, camping, vacation home). |
| <input type="checkbox"/> | <input type="checkbox"/> | “ ” boards or goes to shows. |

Current diet _____

