

Puppy Wellness Exam
For The Health Of Your Pet

Date: _____

Name: _____

Address: _____

Area Code/Phone Number: _____

Email Address: _____

Pet Name: _____

Please take the time to complete this questionnaire. It will help us to better serve you and your puppy!

Check All That Apply

- | | | |
|---|---|--|
| <input type="radio"/> Play biting | <input type="radio"/> Increased stiffness/limping | <input type="radio"/> scratching ears |
| <input type="radio"/> Changes in activity levels | <input type="radio"/> Circling or repetitive motion | <input type="radio"/> increased thirst |
| <input type="radio"/> Decreased responsiveness | <input type="radio"/> Skin/code changes | <input type="radio"/> excessive barking/crying |
| <input type="radio"/> Weight changes | <input type="radio"/> Destructive behavior | <input type="radio"/> changes in appetite |
| <input type="radio"/> Increased urination | <input type="radio"/> Hiding | <input type="radio"/> loss of house training |
| <input type="radio"/> Less interaction with family | <input type="radio"/> Coughing | <input type="radio"/> hiding |
| <input type="radio"/> Vomiting | <input type="radio"/> Diarrhea or constipation | <input type="radio"/> tremors or shaking |
| <input type="radio"/> Scratching | <input type="radio"/> Seizures | <input type="radio"/> sneezing |
| <input type="radio"/> Indoors only | <input type="radio"/> allergies | <input type="radio"/> scooting |
| <input type="radio"/> worms in stool | | |
| <input type="radio"/> Indoor/outdoor | | |
| <input type="radio"/> Has access to standing water (i.e. ponds, puddles) | | |
| <input type="radio"/> Runs in the woods | | |
| <input type="radio"/> Goes to the groomer, dog park, puppy socialization/training class, or boarding kennel | | |

Brand(s) of food: _____

Table scraps? ___ Yes ___ no

Is your dog on heartworm prevention? If so, circle brand:

Heartgard Interceptor Sentinel Iverheart Revolution Trifexis Other: _____

Flea preventative used (circle brand):

Advantage Frontline Revolution Comfortis Bravecto Serresto Preventic Other _____

List current medications: _____

Questions or health concerns: _____

Thank you for taking the time to fill out this important questionnaire. It will help us to better serve you and your pet. Please return this paperwork to the receptionist when complete.

How may we serve you today?

Core vaccines recommended based on University of Florida vaccine protocol:

DHPP vaccine

River Ridge Animal Clinic uses the recommended vaccine protocol that has been issued by the University of Florida. Their recommendations for “core” vaccines (basic minimum vaccines recommended for all dogs) include a DHPP vaccine. This vaccine includes components to protect against the following diseases:

- **Canine Distemper:** a highly contagious virus that attacks the lungs, intestines, and brain, and is spread through respiratory secretions.
- **Canine Hepatitis Virus:** a viral disease that causes liver failure
- **Parainfluenza:** a viral upper respiratory disease
- **Parvovirus:** a viral intestinal disease that can cause vomiting, diarrhea, and death

This vaccine must be boosted 3 weeks after the initial injection. The cost for this vaccine is \$18.00.

Yes, I want my dog vaccinated with the DHPP vaccine _____

No, I decline DHPP vaccination for my dog _____

Rabies Vaccination

rabies vaccination is required by state law and is not an optional vaccine. This vaccination is administered between 14 and 16 weeks of age. The cost for this vaccine is \$18.00.

Yes, I authorize a rabies vaccine to be administered _____ (if not current).

Optional vaccines recommended based on risk factors:

Leptospirosis Vaccine

Leptospirosis is a contagious bacterial disease affecting both humans and animals that may result in chronic liver and kidney disease, or fatality in the dog. There are 8 different serovars or “strains” of bacteria that cause this disease. Currently, a vaccination will only offer protection against 4 of the most common serovars. There are some concerns regarding vaccinating dogs against leptospirosis. Allergic reactions to the vaccine are not uncommon and occur most often in puppies and in small breed dogs. Most allergic reactions are easily treated with no long-term effects. In addition, the vaccine is not 100% effective and immunity may be short-lived. Canine leptospirosis is spread by contact with infected urine or contaminated water. A less common mode of transmission is by ingesting flesh from an infected animal such as rats, raccoons, skunks, or opossums.. River Ridge Animal Clinic recommends dogs at risk be vaccinated. Dogs that are considered “at risk” include hunting dogs, dogs that roam at large and are not confined to a yard, dogs with exposure to standing water in ponds, dogs with exposure to wild animals or rodents (including squirrels, opossums, raccoons, rats, etc.) and dogs that visit the dog park.

This vaccine must be boosted in 3 weeks and then given annually. The cost of this vaccine is \$18 .00 per injection.

Yes, I want my dog vaccinated with the leptospirosis vaccine _____

No, I decline leptospirosis vaccination for my dog _____

Optional vaccines recommended based on risk factors (continued):

Bordetella Vaccine

Bordetella, one component of the disease complex called “kennel cough”, helps to protect your pet from respiratory disease. It is recommended that “at risk” dogs be vaccinated. Dogs that are considered “at risk” include dogs that visit dog parks, are boarded, go to the groomer, or have close contact with dogs with unknown vaccination status. This vaccine must be given annually. This vaccination does require a booster in 3 weeks if your pet has not received this vaccination previously. The cost of this vaccine is \$18 .00.

Yes, I want my dog vaccinated with the Bordetella vaccine_____

No, I decline Bordetella vaccination for my dog_____

Canine Influenza

Canine influenza is a viral respiratory disease that can cause pneumonia and become life-threatening in some dogs. Although the vaccine may not prevent infection altogether, studies have shown that the vaccination may significantly reduce the severity and duration of illness this vaccine is intended for the protection of dogs “at risk” for exposure to canine influenza virus. “At risk” dogs include those that visit dog parks, are boarded, go to the groomer, or have close contact with dogs with unknown vaccination status. Dogs that may benefit from canine influenza vaccination include those that receive vaccination for Bordetella (as mentioned above).

There are 2 strains of this virus. Canine influenza 1 has been seen in Florida before. Canine influenza 2 has not been seen in Florida to a significant degree, but has been more active recently in the northern portion of the country. There is a vaccine to protect against canine influenza 1, though it does not protect against canine influenza 2. There is a vaccine to protect against canine influenza 2, though it does not protect against canine influenza 1.

The cost of each vaccine is \$28 per vaccination. Each vaccination requires a booster in 3 weeks, if your pet has not received these vaccines before. This vaccination is then given annually.

Yes, I want my dog vaccinated with the Canine influenza 1 vaccine_____

Yes, I want my dog vaccinated with the Canine influenza 2 vaccine_____

No, I decline canine influenza 1 and 2 vaccination for my dog_____

Lyme Vaccine

Dogs get Lyme disease from a tick that passes the Borrelia burgdorferi bacteria into the animal’s blood stream when it bites. Infected dogs do not transmit the disease to humans. The disease is only spread through tick bites. It is recommended that “at risk” dogs be vaccinated. Dogs that are considered “at risk” include dogs that visit northern states during the year, and any dog that has the opportunity to come in contact with tick infested areas. This vaccine must be given annually. A booster vaccine is required if your dog has never received this vaccination in the past. The cost of this vaccine is \$28 .00.

Yes, I want my dog vaccinated with the Lyme Disease vaccine_____

No, I decline Lyme Disease vaccination for my dog_____

Optional Tests

Fecal Parasite Test

According to the Companion Animal Parasite Council (CAPC), puppies should be dewormed at ages 2, 4, 6, and 8 weeks of age. Since most puppies are not dewormed at 2 and 4 weeks of age, the veterinarians at River Ridge Animal Clinic recommend that deworming be done through the age of 16 weeks. Puppies should be put on a monthly parasiticide like Interceptor at 8 weeks of age. According to the US government's Center for Disease Control, some dog and cat parasites can be transmitted to humans, especially small children and immunosuppressed family members. These parasites can potentially cause serious health problems such as skin rashes, intestinal disease, blindness, seizures, encephalitis, and meningitis. We recommend a fecal parasite test (microscopic examination of the feces) be performed at least twice while your dog is a puppy, and then annually for adult dogs. Many of these parasites cannot be seen by the naked eye. The cost for this test is \$26 .00. The cost for deworming is based on the weight of the dog.

Yes, I want a fecal parasite test performed and I want my dog dewormed_____

No, I decline fecal parasite testing and deworming for my dog_____

I, the undersigned owner of the pet identified below, decline the fecal parasite analysis and/or treatment of my pet as recommended by River Ridge Animal Clinic. I understand that this fecal parasite test and treatment for intestinal parasites is aimed primarily at improving or maintaining the health of my pet. I have been informed that eliminating intestinal parasites from my pet is also important for the health of my family and the community. In the event that any individual, including myself, contacts or develops a medical problem caused by intestinal parasites that could have been diagnosed and treated in my pet by conducting a fecal parasite test and/or prevented by administering the recommended parasiticide to my pet, I agree to hold the staff at this practice harmless for any of the fees related to the diagnosis or treatment of such symptoms, or for any temporary or permanent injuries related to such parasite infection that might have been prevented had such a test or treatment been performed.

Owner's Signature:_____

Date:_____

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