

Pre-Appointment Checklist

We thank you for choosing Mueller Pet Medical Center to be your “Other Family Doctor”. To ensure we are able to answer all of your questions and provide you with best patient and client care in Sacramento, we have created this Pre-appointment Checklist to help us meet all of you and your pets needs.

Items to bring with you to your pet’s appointment:

- 1) All vaccine or medical records from another hospital or clinic
- 2) All medications your pet is currently taking
- 3) Fresh Fecal sample if your pet is having any GI issues or is due for intestinal parasite screening
- 4) This completed form
- 5) If you are concerned something your pet ingested may be having side effects, please bring the packaging with you so the Doctor can review the ingredients.

Patient Information:

Your observations and input are essential to helping the Veterinarian evaluate your pet.

Have you noticed any of the following signs since your pet was last seen?

| Sign | Yes | No | Sign | Yes | No |
|--|-----|----|------------------------------------|-----|----|
| Stiffness or limping | | | Changes in water consumption | | |
| Changes in hearing or vision | | | Difficulty jumping or climbing | | |
| Changes in elimination | | | Itchiness or scratching | | |
| Bad breath or drooling | | | Increased urination | | |
| Changes in weight | | | Changes in activity or behavior | | |
| Vomiting | | | Increased panting | | |
| Diarrhea | | | Changes in skin, incl. lumps/bumps | | |
| Heavy or rapid breathing while at rest | | | Difficulty eating | | |
| Tremors or shaking | | | Coughing or sneezing | | |

Do you need any medications refilled during your appointment?

If you have seen us before you can skip this section, unless you have a new pet to tell us about. If you are a new client please fill out information for all of your pets (multiple pages ok)

- | | | |
|--------------|----------------|--------|
| 1) Pet Name: | Breed: | Age: |
| Sex: | Altered? Y / N | Color: |
| Temperment: | Allergies: | |
| 2) Pet Name: | Breed: | Age: |
| Sex: | Altered? Y / N | Color: |
| Temperment: | Allergies: | |

Thank you for taking the time to fill out this information. We look forward to seeing you and your furry family member soon!

-The Doctors and Staff at Mueller Pet Medical Center