

# Clover Leaf Animal Hospital

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<https://www.cloverleafanimalhospital.com>



## Pre-Exam Questionnaire

Please complete before your pet's appointment, thank you!

### Date Form Completed

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### Cell phone of person coming to the appointment with pet

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### What is the reason for your visit today?

- Wellness Exam                       Sick Exam - Please indicate concerns below                       Recheck Exam - Please indicate progress below
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**What current preventatives is your pet taking? Examples - Flea and tick and heartworm preventatives like Bravecto, Sentinel Spectrum, Nexgard, Revolution, etc. Please type "None" if your pet is not on any preventative medications.**

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**Current Medications - What medications, supplements, herbal, or OTC treatments is your pet on? Please include dose and frequency (examples, Gabapentin 300mg twice a day; Carprofen 100mg twice daily) Please type "None" if your pet is not taking any medications, supplements, herbal, or OTC treatments.**

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**Diet - What brand of food are you currently feeding your pet and how much? Is it grain free?**

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- Yes - Grain free                       No - Not grain free

### Lifestyle - Does your pet do any of the following?

- Goes to daycare/boarding/grooming                       Goes hiking/to the park                       Goes outside                       N/A

**Is your pet experiencing any of the following (select all that apply)**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Vomiting                                  | <input type="checkbox"/> Diarrhea                                       | <input type="checkbox"/> Coughing/Sneezing                | <input type="checkbox"/> Lethargy   |
| <input type="checkbox"/> Decreased appetite                        | <input type="checkbox"/> Increased thirst                               | <input type="checkbox"/> Abnormal urinating or defecating | <input type="checkbox"/> Behavior changes                                       |
| <input type="checkbox"/> Sores or masses on their skin             | <input type="checkbox"/> Scratching/itching/licking of skin             | <input type="checkbox"/> Scratching/itching/smell of ears | <input type="checkbox"/> Weight loss  |
| <input type="checkbox"/> Teeth - bad breath/tartar/trouble chewing | <input type="checkbox"/> Mobility - Difficult walking/limping/stiffness | <input type="checkbox"/> Other - please indicate below    | <input type="checkbox"/> Vision changes   |
|  |   |   | <input type="checkbox"/> Eye irritation/discharge/swelling                      |
|  |   |   | <input type="checkbox"/> N/A - my pet is not experiencing any issues currently. |

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**Bloodwork** is a great diagnostic tool to analyze the patient's internal health. We typically test a complete blood count, which counts white and red cells and platelets to look for signs of infection, anemia, or basic coagulation issues. A blood chemistry panel assesses internal organ function—liver, kidneys, electrolytes, blood sugar, etc. We also analyze the urine as part of these basic tests. As pets get older, we may also analyze a thyroid value. Our veterinarians recommend annual blood testing of all adult animals, while senior pets should have their blood work checked every 6 months. If you'd like blood work for the patient, please bring a urine sample.

**Please indicate your choice below**

- Yes! I would like bloodwork today for my pet.
- I have additional questions and would like to talk to the veterinarian before blood work is performed.

**Fecal exams allow us to test for parasites in our pets. Intestinal parasites are very common and many can be transmissible to humans, so it is important to check your pet's stool at least once a year. Please bring your pet's fecal sample with you if you'd like to have your pet tested for internal parasites.**

- Yes! I would like to test my pet for parasites today.
- I have additional questions and would like to talk to the veterinarian before a fecal test is performed.

**Has your pet ever experienced a vaccine reaction?**

- Yes
- No

**Is anyone in your home (human or pet) allergic to peanut butter or have another allergy?**

- Yes - Peanut Butter Allergy
- No Allergies
- Yes - Other Allergy (Indicate below)

**Do you need anything else while your pet is here today? Additional fees may apply. You may select more than one.**

Toe nail trim

Anal gland expression

Ear cleaning

Hygienic trim

Medication refill - please indicate below

Other - please indicate below

**Photograph and Video Release: There may be times we would like to share a photo or video of your pet with our social media sites (including but not limited to our website, Facebook, Instagram, etc.) Please indicate your wishes below:**

I hereby grant permission to use my pet(s) photograph or video on social media, website, promotional materials, etc, without compensation. Materials will become the property of the hospital.

I decline the use of my pet(s) photograph or video on any social media, website, promotional materials, etc.

**Is there anything else you would like us to know about your pet today? Any behavior issues, likes and dislikes, favorite treats, etc?**

**Consent to Treatment**

I, \_\_\_\_\_, the undersigned, am the owner or agent for the owner of the animal(s) described, and I have the full and exclusive authority to execute this consent.

- I certify that I am 18 years of age or older.
- I give permission to doctors, staff, authorized agents, or representatives of this hospital to examine, prescribe for, and treat my pets.
- I agree to pay for all services rendered and medications, goods, and supplies when purchased.
- I understand that all fees are due at the time services are rendered and the hospital accepts cash, check, and all major credit cards.
- I understand that a deposit may be required for surgical or medical treatment.
- I understand that if my pet ever requires overnight hospitalization, there will not be overnight supervision provided.
- I release this hospital from any and all liabilities.

By my signature below, I hereby acknowledge that I agree to all of the above and acknowledge the receipt of a copy of this agreement upon request.

**Owner/Agent Name**

**Date**

**Signature**

Did you know we have a Pet Portal? Here, you can view your pet's recent health history, download vaccine certificates, request refills, request appointments, and more! Visit our website to learn more!

Thank you for entrusting us with the patient's care! We look forward to seeing you!