



Zionsville Country Veterinary Clinic

6971 Central Blvd, Zionsville, IN 46077

317-769-7387 (phone) zcvc@tds.net (email)

Shari Lyons, DVM Melissa Jones, DVM

Lisa Martin, DVM Christine Merle, DVM

Kiersten Wiley, DVM

Pet's name:

Client's name:

1. What heartworm preventative do you use? _____

How many would you like to pick up at this visit? _____

2. What Flea & Tick prevention do you use? _____

How many would you like to pick up at this visit? _____

3. _____ Dose: _____ How Often: _____ Refills needed? Y/N _____

4. _____ Dose: _____ How Often: _____ Refills needed? Y/N _____

What brand of food do you feed your pet? _____

How much and how often? _____

What dental care do you provide for your pet? Dental chew brush other How often? Daily Weekly

Have you noticed any new lumps or bumps? If so, where? _____

Have there been any change in your pet's urine, stool or litterbox habits? If so, what _____

Does your pet have any increased thirst/urination? _____

Is your pet's appetite changed? If so, is it increased or decreased? _____

If this appointment is for your cat, does it go outside? _____

List all medications your pet is currently taking, include all preventatives, OTC, and supplements

If your pet is due for wellness testing, please bring a stool and urine sample

If your pet has a clinical issue/condition, the Doctor may adjust this to a sick pet appointment and postpone wellness

To ensure we have an adequate amount of time with your pet, if you are 15 minutes late we will reschedule your appointment

The Team at Zionsville Country Veterinary Clinic