

West Alabama Animal Clinic  
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Houston, TX 77098



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## Ten things we should know about your pet

Pet's Name: \_\_\_\_\_

When my pet goes to the vet, they're:

<input type="checkbox"/> Eager and excited	<input type="checkbox"/> Subdued
<input type="checkbox"/> Reluctant	<input type="checkbox"/> Terrified

At the clinic, my pet doesn't like:

<input type="checkbox"/> Getting weighed	<input type="checkbox"/> Getting on the exam table
<input type="checkbox"/> Having their temperature taken	<input type="checkbox"/> Being handled by the staff

My animal doesn't mind being around other animals in the waiting room. **TRUE or FALSE**

My pet prefers:

<input type="checkbox"/> Female veterinary professionals	<input type="checkbox"/> Male veterinary professionals
<input type="checkbox"/> Anyone who is nice and gives treats	<input type="checkbox"/> No one

What type of treats or toys does your pet love more than anything else? \_\_\_\_\_

Has your pet been prescribed any medications in the past during a veterinary visit? This included anti-anxiety or anti-nausea medications. **YES or NO**

If yes, what kind \_\_\_\_\_

In the car, does your pet ride in a CARRIER, wear a SEAT BELT or ride LOOSE? (circle one)

If they ride in a carrier, is it a struggle getting them into it? **YES or NO**

During the car ride, does your pet do any of the following:

<input type="checkbox"/> Whine	<input type="checkbox"/> Bark
<input type="checkbox"/> Pant	<input type="checkbox"/> Pace
<input type="checkbox"/> Drool	<input type="checkbox"/> Tremble
<input type="checkbox"/> Vomit	<input type="checkbox"/> Pee or Poop

Does your pet dislike having their paws, mouth ears or other body parts examined? **YES or NO**

If yes, which \_\_\_\_\_

*Please have this information handy when making a first-time appointment or if anything has changed.*