

Ashland Animal Hospital

What to Expect: Annual Exam (Dogs)

10 Fountain Street
Ashland, MA 01721
508-881-2400

Pet Name: _____

Please come prepared with the following information:

For diet and medications, please be specific about brands, food flavors, amount fed, medication strength and dose schedule, etc. Check your supply at home and let us know whether or not you need refills on anything. For pet insurance, please check which insurance carrier and policy you have so we can update our records. If you do not have pet insurance and are interested in learning more let us know!

| | |
|---|--|
| Diet & Treats | |
| Monthly Heartworm Prevention | |
| Monthly Flea/Tick Prevention | |
| Any Chronic Medications? | |
| Any Nutraceuticals, Vitamins, or Supplements? | |
| Pet Insurance | |
| Any Concerns at Home | |

Bloodwork & Parasite Screening Packages:

| | Basic Yearly | Preventative Health Care Packages | | |
|--------------------------|--------------|-----------------------------------|--------|--------|
| | | Young | Mature | Senior |
| Stool sample (parasites) | X | X | X | X |
| 4DX (heartworm) | X | X | X | X |
| 4DX (tick disease) | X | X | X | X |
| Internal organ function | | X | X | X |
| Thyroid function | | | X | X |
| Urine sample | | | | X |
| Cost | \$169 | \$205 | \$243 | \$270 |

Please bring a fresh (<24 hour) stool sample to your visit!