

TOWN CENTER ANIMAL CLINIC
THYROID TEST

Client Name _____

Phone # _____

Pet Name _____

Date _____

Has your pet eaten today? Yes or No

If yes, when? _____

How much? _____

What medication is your pet on? _____

Dosage _____

How often? _____

Is it given regularly? _____

When was it given last? _____

Is your pet acting normal? Yes or No If No, please explain.

Thank you for taking the time to complete this form so that we may offer the best care for your pet.