

Please verify the following information for us:

Your Name _____
Your Phone Number _____
Alternate Number _____
Your Address _____

E-mail Address _____



Your pet's name _____
Pet Breed _____
Spayed/Neutered? (Y / N) _____
Color _____
Birthdate or Age _____

Would you like to speak with a doctor (if available) or technician prior to dropping off? Yes No

- | Yes | No | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your pet swim or drink from lakes or streams? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did your pet eat this morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet missed any Heartworm Prevention? Do you need a refill? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet on Flea Prevention ? Do you need a refill? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | If feline, does your cat go outside? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your pet had any reaction to Medications? Vaccines? Anesthesia? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your pet currently on any medication? _____ |

Has your pet recently exhibited any of the following:

- Vomiting
- Diarrhea
- Lethargy
- No appetite
- Weakness
- Gagging or Coughing
- Scratching
- Shaking Head
- Scooting
- Seizures
- Urinating more or less than usual
- Drinking more or less than usual
- Limping - Which leg?
- Weight loss or gain
- Unusual lumps or bumps – Where?

Tests & Services:

To be done during this visit:

- Vaccinations
- Express Anal Glands
- Nail Trim
- Bath Only
- Groom – **Bath and Cut**
- Microchip

Is there any food, medications, or products you would like us to have ready when you pick up? _____

Signature: _____

Date: _____