

For pets that are dropped off for care/treatment:

The information requested tells us things that you want us to do for your pet. Please be careful, specific, and thorough in filling this out. It is the best way we can be certain that we understand what you want.

Client Name: _____ Date: _____

Pet Name: _____ Day Phone: _____

Pet's Age: _____ Breed: _____ Spayed or Neutered? _____

Cats: Indoors, Outdoors, or Both? _____ Current Medications: _____

New address or phone number? If so, please write down new information: _____

Email Address: _____

*** Treatment:** If your pet has been ill, please check any symptoms you have noticed:

- | | | | |
|---------------------------------------|-----------------|--------------------------------------|-----------------|
| <input type="checkbox"/> Vomiting | How Long? _____ | <input type="checkbox"/> No appetite | How Long? _____ |
| <input type="checkbox"/> Diarrhea | _____ | <input type="checkbox"/> Weakness | _____ |
| <input type="checkbox"/> Listless | _____ | <input type="checkbox"/> Coughing | _____ |
| <input type="checkbox"/> Sneezing | _____ | <input type="checkbox"/> Gagging | _____ |
| <input type="checkbox"/> Shaking head | _____ | <input type="checkbox"/> Scooting | _____ |
| <input type="checkbox"/> Urine change | _____ | | |
| <input type="checkbox"/> Limping | _____ | - Which leg: | _____ |
| <input type="checkbox"/> Scratching | _____ | - Where: | _____ |

Please add anything else we need to know or do: _____

*** Vaccination:** If your pet is here today for boosters or annual physical vaccines, please check:

- Dog:** Annual Visit: Exam, DA2PP & Rabies vaccines, heartworm test & stool check
 Puppy boosters: Exam, DA2PP, stool check & deworming
 Bordetella (kennel cough) – required if you board or groom your pet
- Cat:** Annual Visit: Exam, FVRCP, & Rabies vaccines (stool check if sample brought in)
 Feline leukemia – highly recommended for outdoor cats
 Kitten boosters: Exam, FVRCP & deworming

Other: _____

⇒ Please initial here indicating your permission to sedate/anesthetize your pet: _____

*** Grooming: *Must be scheduled in advance with our groomer!!***

- Full grooming and bath – hair cut or shave - breed specific. Write instructions below.
 Bath – includes nail trim, anal gland expression, and trimming of personal area only.

Other: _____

This notice serves as your acknowledging that you understand our policy that payment is due in full at the time of service. If you have any questions regarding this policy, please speak to the receptionist *before* seeing the doctor. We accept payments by cash, checks, credit cards, CareCredit and money orders. CareCredit is a great way to finance medical expenses – you can apply for a card online at www.carecredit.com.