



Date: _____

Client _____

Patient _____

Numbers Where I Can Be Reached: _____

Presenting Concern: _____

Is this the first time this problem has occurred? Yes No, Last occurrence

My pet is: Indoor Only Indoor/Outdoor Outdoor Only

When was the last time your pet ate (treats & table food included)?

Time _____ Amount _____

Medications your pet is on (name, dosage & time): _____

Vitamins & supplements your pet is on: _____

Last dose of Heartworm Preventative given on: _____

May we sedate/anesthetize your pet if necessary? Yes No Call First

May we x-ray your pet if necessary? (Cost \$94)	Yes	No	Call First
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May we do bloodwork? (Cost \$105)	Yes	No	Call First
1	1	0	0
2	1	0	0
3	1	0	0
4	1	0	0
5	1	0	0
6	1	0	0
7	1	0	0
8	1	0	0
9	1	0	0
10	1	0	0
11	1	0	0
12	1	0	0
13	1	0	0
14	1	0	0
15	1	0	0
16	1	0	0
17	1	0	0
18	1	0	0
19	1	0	0
20	1	0	0
21	1	0	0
22	1	0	0
23	1	0	0
24	1	0	0
25	1	0	0
26	1	0	0
27	1	0	0
28	1	0	0
29	1	0	0
30	1	0	0
31	1	0	0
32	1	0	0
33	1	0	0
34	1	0	0
35	1	0	0
36	1	0	0
37	1	0	0
38	1	0	0
39	1	0	0
40	1	0	0
41	1	0	0
42	1	0	0
43	1	0	0
44	1	0	0
45	1	0	0
46	1	0	0
47	1	0	0
48	1	0	0
49	1	0	0
50	1	0	0
51	1	0	0
52	1	0	0
53	1	0	0
54	1	0	0
55	1	0	0
56	1	0	0
57	1	0	0
58	1	0	0
59	1	0	0
60	1	0	0
61	1	0	0
62	1	0	0
63	1	0	0
64	1	0	0
65	1	0	0
66	1	0	0
67	1	0	0
68	1	0	0
69	1	0	0
70	1	0	0
71	1	0	0
72	1	0	0
73	1	0	0
74	1	0	0
75	1	0	0
76	1	0	0
77	1	0	0
78	1	0	0
79	1	0	0
80	1	0	0
81	1	0	0
82	1	0	0
83	1	0	0
84	1	0	0
85	1	0	0
86	1	0	0
87	1	0	0
88	1	0	0
89	1	0	0
90	1	0	0
91	1	0	0
92	1	0	0
93	1	0	0
94	1	0	0
95	1	0	0
96	1	0	0
97	1	0	0
98	1	0	0
99	1	0	0
100	1	0	0

For dogs, may we run a Heartworm Test (Cost \$32) Yes No Call First

For cats, may we run a Leukemia & Aids Test (Cost \$45) Yes No Call First

In addition to the above diagnostics, the maximum to spend if my pet needs additional care is \$ _____.

Vaccinations Needed:	DA2PP FVRCP	Rattlesnake FELV	BORD	Rabies
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I understand my pet will be treated for fleas &/or ticks at my expense if they are found on my pet. _____ (Initial Here)

Please feel free to write any additional notes or information on the back of this form.

Signed by owner or agent: _____

FOR OFFICE USE: SCANNED

INITIALS