

Client	Patient									
Numbers Where I Can H	Be Reached:									
Presenting Concern: _										
Is this the first time this problem has occurred? Yes No, Last occurrence										
My pet is: Indoo	or 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	e & time):								
Vitamins & supplement	s 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 \$150+) Yes No Call First										
May we do bloodwork?	Yes	No	Call First							
For dogs, may we run a Heartworm Test (Cost \$36.50) Yes No Call First										
For cats, may we run a Leukemia & Aids Test (Cost \$48) Yes No Call First										
In addition to the above care is \$	-	maximum to sp	oend if	my pet r	needs additional					
Vaccinations Needed:	DA2PP FVRCP	Rattlesnak FELV	e	BORD FLU	Rabies LEPTO					
I understand my pet w found on my pet.			:ks at r	ny expe	nse if they are					
Please feel free to wr this form.	ite any additio	onal notes or	inforn	nation (on the back of					
Signed by owner or ag	ent:									
PRINT NAME										



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Medications your pet is on (name, dosage & time):										
Vitamins & supplements your pet is on:										
Last dose of Heartworm Preventative given on:										
May we sedate/anesthetiz	ze your pet if neces	sary?	Yes	No	Call First					
May we x-ray your pet if	Yes	No	Call First							
May we do bloodwork?	Yes	No	Call First							
For dogs, may we run a l	Heartworm Test (C	ost \$36.50)	Yes	No	Call First					
For cats, may we run a Leukemia & Aids Test (Cost \$48) 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		ORD LU	Rabies LEPTO					
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 age	ent:									
PRINT NAME										