Wellness Exam Drop-Off

I am dropping off my pet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for a wellness exam and request to have the following services done:

|  |  |
| --- | --- |
| **Dogs:** | **Cats:** |
| \_\_\_Rabies 1y / 3y  | \_\_\_Rabies 1y / 3y |
| \_\_\_Distemper/Parvo 1y / 3y  | \_\_\_Feline Distemper  |
| \_\_\_Bordetella  | \_\_\_Leukemia  |
| \_\_\_Lepto  | \_\_\_FIV/FeLV Combo Test  |
| \_\_\_Lyme  | \_\_\_Annual Fecal Exam |
| \_\_\_Heartworm Test  | \_\_\_Annual Wellness Exam  |
| \_\_\_Annual Fecal Exam |  |
| \_\_\_Annual Wellness Exam  |  |

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| --- |
| Optional Services: |
| \_\_\_Bath (dogs only) |
| \_\_\_Pedicure  |
| \_\_\_Pedicure with Dremel  |
| \_\_\_Anal Gland Expression  |

Do you have any other concerns for the doctor today?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you need a refill of heartworm prevention?** YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

**Do you need flea and tick prevention?** YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

**Do you need any medications refilled?** YES\_\_\_\_\_\_ NO\_\_\_\_\_\_

**Medication Needed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Your pet will be treated for any external parasites noticed by the staff and/or doctors and any expense incurred will be the responsibility of the owner. We will call you if any other services are recommended by your veterinarian and go over those charges at that time. By signing this form you are approving the selected pre-exam services and costs:***

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best Phone Number to Reach You Today:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_