

CELL PHONE NUMBER TODAY: \_\_\_\_\_

Ok to text to this number? \_\_\_\_\_ YES/NO



## CANINE WELLNESS/EXAM AUTHORIZATION and MEDICAL RECORD

Owner name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Dog's name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_\_

### Wellness Visit Fee \$15

#### Parasite Control:

- \_\_\_ Broad spectrum Dewormer\*
- \_\_\_ Heartworm Prevention\*
- \_\_\_ Flea/Tick Control\*

\* Price, type of product and availability varies.  
 Please ask what is available at clinic for current information.

- \_\_\_ Nail Trim \$15
- \_\_\_ Anal Glands \$18
- \_\_\_ Ear Clean \$15\* (May vary due to severity)

Organization Admin fee: \$ \_\_\_\_\_

### Vaccination and Identification:

- \_\_\_ Rabies \$10.00
- \_\_\_ DHLPP \$16.00
- \_\_\_ Bordetella \$15.00
- \_\_\_ Lyme Vaccine \$33.00
- \_\_\_ Influenza Vaccine \$42.00
- \_\_\_ Microchip \$30.00

### Labwork:

- \_\_\_ Junior Wellness Profile \$55.00
- \_\_\_ Senior Wellness Profile \$115.00
- \_\_\_ Heartworm/Lyme/Anaplasma/Ehrlichia \$30.00
- \_\_\_ Fecal Examination \$35.00 - \$40.00

### Additional Services requested or recommended: \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

Signature of owner/agent: \_\_\_\_\_

### *For Clinic Use Only (do not write below this line)*

Exam findings: Wt(lbs): \_\_\_ T \_\_\_ P \_\_\_ R \_\_\_ BCS \_\_\_ Dental \_\_\_

Laboratory tests: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Recommendations: \_\_\_\_\_

CELL PHONE NUMBER TODAY: \_\_\_\_\_ Ok to text to this number? \_\_\_\_\_ YES/NO

**Please fill in all information as completely as possible to allow optimal care for your dog.**

Owners Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

**Telephone number where we can reach you today:** (\_\_\_\_) \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Where did you obtain this dog?

Shelter  Breeder  Pet Store  Stray  Individual  Other \_\_\_\_\_

Is your dog (check one):  Indoor only  Outdoor Only  Indoor/Outdoor

Has your dog displayed any of the following in the last 2 weeks: (check if yes)

Sneezing Coughing Vomiting Diarrhea

Has your dog ever had a seizure? No Yes, explain: \_\_\_\_\_

Has your dog had any previous...:

...Illness, Injury or Previous Surgery? No Yes, please explain: \_\_\_\_\_

...Drug or vaccine **reaction**? No Yes, please explain: \_\_\_\_\_

Is your dog on any long-term medications? If so, list all \_\_\_\_\_

Has your dog been given any medications in the last 30 days? If so, list type and why it was given

Do you have a regular veterinarian? Yes No

When did your dog last eat? \_\_\_\_\_

How did you hear about the Rascal Unit? \_\_\_\_\_

Has your dog been treated for fleas/ticks? No Yes, what product was used? \_\_\_\_\_

Is your dog on monthly heartworm prevention? Yes No

If yes, what type? Heartguard Interceptor Revolution Other: \_\_\_\_\_

**IF** your dog is female: When was her last heat cycle? \_\_\_\_\_ Unsure

Has she had any litters? No Yes, When? \_\_\_\_\_

Could your dog be pregnant? Yes No