

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 \$20.00 - \$35

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 ____

tests: _____

Prescriptions: _____

Recommendations: _____

Avery Road Suite 9 • Dublin, OH 43016 • 614 791 7729

Laboratory

RASCAL Unit, Ltd. • 6365 Old

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

Owners Name: _____ Patient's Name: _____

How long have you owned this dog? _____

Where did you obtain this dog? _____

Is your dog (circle 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? Yes No

If yes, explain: _____

Has your dog had any previous... (circle yes or no):

...Illness or injury? Yes No If yes, please explain: _____

...Surgery (**Including spay/neuter**)? Yes No If yes, please explain: _____

...Drug or vaccine **reaction**? Yes No If yes, please explain: _____

Is your dog on any long-term medications? Has your dog been given any medications in the last month? If so, list type and why it was given _____

IF your dog is female:

When was her last heat cycle? _____ Unsure

Has she had any litters? If so, when was the last time? Yes _____ No

Is your dog pregnant? (circle one) Yes No Could be

Has your dog been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? _____

When was the last time your dog was Heartworm tested? _____ Not tested

Is your dog on monthly heartworm prevention? Yes _____ No

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? Yes No