

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: ____ Fixed? ____

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*(non - refundable if related to temperament)
- ____ Anal Glands \$18
- ____ Ear Clean \$15* (May vary due to severity)

Vaccination and Identification:

- ____ Rabies \$10
- ____ DHLPP \$16
- ____ Bordetella \$15
- ____ Lyme Vaccine \$33
- ____ Influenza Vaccine \$42
- ____ Microchip \$30

Labwork:

- ____ Junior Wellness Profile \$93
- ____ Senior Wellness Profile \$135
- ____ Heartworm/Lyme/Anaplasma/Ehrlichia \$30
- ____ Fecal Examination \$35 - \$40

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: _____

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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: _____

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 Friend/Relative My dog's litter

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? 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

When did your dog last eat? _____

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

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? Yes No