

## Appointment Information

Client name: \_\_\_\_\_ Drop Off \_\_\_\_\_ Waiting in Car \_\_\_\_\_

Telephone number: \_\_\_\_\_ (Please disable "Block unknown callers")

Pet's name: \_\_\_\_\_ Breed: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

What medications is your pet currently on, including heartworm prevention and flea/ tick medications?

\_\_\_\_\_

\_\_\_\_\_

What brand and type of food do you feed? \_\_\_\_\_

Last time fed \_\_\_\_\_

**Routine Annual Exams** – We will do the annual physical and update the following as needed per the pet's record. Please mark additional items to be completed. **BRING STOOL SAMPLE TO APPOINTMENT.** Note any concerns or problems in next section

**DOGS**                  Rabies                  DHLPP                  Bordatella                  Heartworm 4DX test                  Fecal Float

Optional /Recommended Senior bloodwork if over 7 yrs.

**CATS**                  Rabies                  FVRCP                  FELV for outdoor cats                  Fecal test

Optional/ recommended Senior Bloodwork if over 9 yrs.                  Does cat go outdoors?                  Yes                  No

Nail Trim                  Bath                  Anal gland express

**Medical/ Illness Exams** – Describe the problem, duration and frequency.

What is the problem? \_\_\_\_\_

When did it start? \_\_\_\_\_ Is problem better, same, or worse? \_\_\_\_\_

Other? \_\_\_\_\_

Please Select:                  Coughing                  Sneezing                  Vomiting  
    Diarrhea                  Change in appetite                  Increased water intake

Describe \_\_\_\_\_

After the exam, would you like us to:

Go forward with recommended treatment, blood work, or x-rays.

Call you with the exam findings and estimate of costs prior to treatment

Do you need any medication refills, heartworm or flea/tick prevention products?

\_\_\_\_\_

Other concerns or requests \_\_\_\_\_

### PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians of North Elm Animal Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_