

Patient Drop-off from: Non-Illness

Client's Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Species: \_\_\_\_\_

Phone: \_\_\_\_\_ Breed: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Sex: Male  Female

Spayed/Neutered: Yes  No

I request the attending veterinarian at Palma Sola/Island Animal Clinic to examine my pet and to provide the following services:

Canine Vaccinations:

- Rabies: 1 YEAR  3 YEAR
- DHPP (Distemper/Parvo) 1 YEAR  3 YEAR
- Bordetella (kennel cough)
- Leptospirosis
- Lyme
- Influenza Bilavent (flu)

Feline Vaccinations:

- Rabies 1 YEAR  3 YEAR
- FVRCP (feline distemper)
- FELV (feline leukemia)

Diagnostics:

- Feline Snap Test: leukemia/FIV
- Canine Snap Test: 4DX (heartworm, anaplasma, ehrlichia, lyme)
- Fecal Examine (intestinal parasites)
- Annual Blood Work

Additional Treatments:

- Nail Trim (included in examine fee)
- Express Anal Glands (\$34.50)
- Clean Ears (\$16.10)

Refill Medication(s):

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PLEASE NOTE: If your pet is not currently up to date on vaccines, we will booster the basic, required vaccines. For canines and felines, the county requires at least a Rabies vaccination. If your pet has fleas, we will administer an appropriate flea treatment.

ENVIROMENT:

Please indicate whether your pet lives: Indoors only (cats only)  Indoor and/or Outdoor

Is your pet current on Flea Preventative? Yes  No

If so, what brand and how often is it administered:

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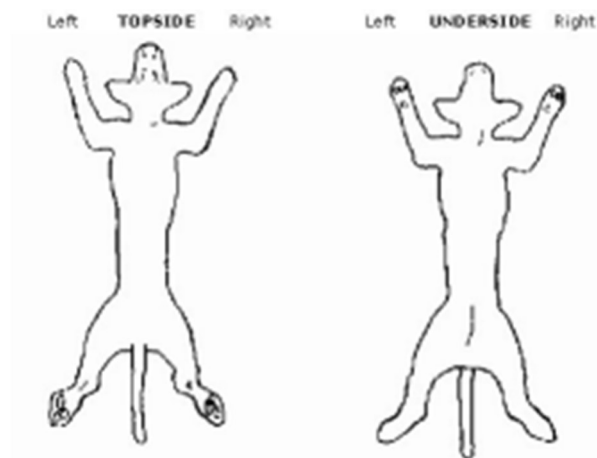
Is your pet current on Heartworm Preventative? Yes  No

If so, what brand and how often is it administered:

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Have you noticed your pet having any of the following problems? Please check all that apply.

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| <input type="checkbox"/> Straining to urinate  | <input type="checkbox"/> Coughing            |
| <input type="checkbox"/> Diarrhea  | <input type="checkbox"/> Lethargy            |
| <input type="checkbox"/> Constipation  | <input type="checkbox"/> Pain/Stiffness      |
| <input type="checkbox"/> Scooting  | <input type="checkbox"/> Limping             |
| <input type="checkbox"/> Vomiting  | <input type="checkbox"/> Shaking Head        |
| <input type="checkbox"/> Decreased Appetite  | <input type="checkbox"/> Itching/Hair Loss   |
| <input type="checkbox"/> Increased Thirst/Urination                                      | <input type="checkbox"/> Weight Loss or Gain |
| <input type="checkbox"/> Lumps or Bumps (please draw where they are located on your pet) |  |



Please describe any other issues:

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When did you first notice these symptoms?

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Is your pet on any medications? No  Yes

If yes, please provide dosage and administration.

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If deemed medically necessary by the veterinarian, I authorize the following:

Diagnostic Blood work: Yes  No  (To be discussed)

Urinalysis: Yes  No  (\$30.00)

Radiographs (x-rays): Yes  No  (\$125.00)

Please note that payment is expected at the time of service or at the release of pet. Unless otherwise directed, the veterinarian will take any and all appropriate actions he or she deems necessary for the health of your pet, including, administering medications and vaccinations. By signing below, you agree to the above terms and conditions.

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

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