

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)

Bordetella (kennel cough)

Leptospirosis

Lyme

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 (\$18.00)

Clean Ears (\$10.00)

Refill Medication(s): _____

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.

ENVIRONMENT: Please indicate whether your pet lives: Indoors only Indoor and/or Outdoor

Is your pet current on Flea Preventative? Yes No

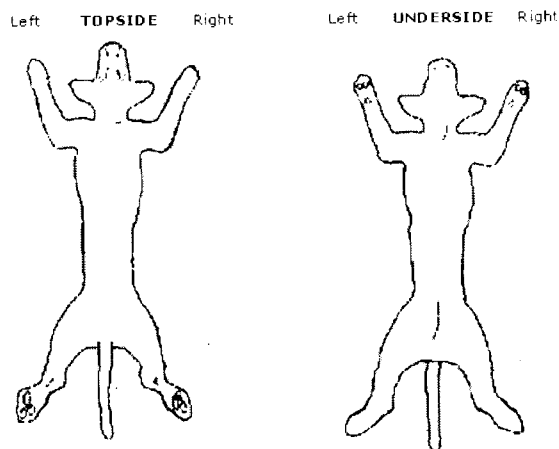
If so, what brand and how often is it administered: _____

Is your pet current on Heartworm Preventative? Yes No

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

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

- | | |
|--|--|
| <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: _____

When did you first notice these symptoms? _____

Is your pet on any medications? No Yes If yes, please provide dosage and administration.

~~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: _____