



Appointment Check-in Sheet

Check-in information:

Please complete all information and either bring this form with you to your appointment, submit online or email it back to us prior to your appointment.

Remember to stay in your vehicle, wear a mask and call us at (925) 837-1632 upon arrival. Thank you for helping to keep everyone safe.

Owner: _____

Contact phone #: _____

Email address: _____

(All receipts will be emailed to reduce contact)

Pet's Name: _____

Reason for visit:

Duration of Symptoms: _____

List all medications, supplements, and dosages (i.e., prednisone 5 mg 1 tablet twice a day, Heartgard 50#, Nexgard 24-60# every 30 days)

Name	Dose	Frequency

Diet: _____

Additional Services Requested:

SERVICE	YES	NO
Nail Trim		
Anal Gland Expression		
Update Annual Vaccines & Tests		
Microchip		
Medication Refills		
Prescription Diet Refills		

Please list medications/diets requested:

Credit Card Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name	
Card Number	
Expiration Date (mm/yy)	
Cardholder ZIP code (from credit card billing address)	

Signature

Date

Your patience is appreciated. We are working hard to address all your concerns in a timely manner. We are extremely short staffed. Because we want to give you and your pet the time and attention you deserve, wait times can vary.

If you decide to run errands during your pet's appointment, please be sure to be available by phone for additional questions or concerns we may have and return by the end of the appointment. We do not currently have the room or staff available to care for your pet for an extended period.

Thank you for your understanding.