



1314 Thomasville Road ♦ Tallahassee, FL 32303 ♦ 850-222-3117 office ♦ 850-224-7870 fax

**Exam/Treatment Drop-Off Admission Form**

**Date:** \_\_\_\_\_ **Daytime Number:** \_\_\_\_\_

**Patient:** \_\_\_\_\_ **Owner's Last Name:** \_\_\_\_\_

**Reason for visit, provide any helpful information:**

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**Please check vaccines/diagnostics/services to be provided today:**

Vaccinations

- |   |   |
|---|---|
| <input type="checkbox"/> Rabies Canine 1yr or 3yr | <input type="checkbox"/> Rabies Feline 1yr or 3yr |
| <input type="checkbox"/> Bordetella               | <input type="checkbox"/> FVRCP                    |
| <input type="checkbox"/> Parvo +/- Distemper      | <input type="checkbox"/> Feline Leukemia          |
| <input type="checkbox"/> Lepto                    |   |

Diagnostic Tests

- |  |  |
|--|--|
| <input type="checkbox"/> Fecal Testing (with or without Giardia testing)       | <input type="checkbox"/> Radiographs   |
| <input type="checkbox"/> 4DX (Heartworm & Tick Disease) Testing                | <input type="checkbox"/> Urinalysis    |
| <input type="checkbox"/> Senior Bloodwork (recommended yearly for pets over 8) | <input type="checkbox"/> FELV/FIV Test |
| <input type="checkbox"/> Blood Panel (for health concerns or pre-operative)    | <input type="checkbox"/> Ear Cytology  |

Miscellaneous

- |  |  |
|--|--|
| <input type="checkbox"/> Nail Trim / Dremel    | <input type="checkbox"/> Express Anal Glands |
| <input type="checkbox"/> Bath / Medicated Bath | <input type="checkbox"/> Hygiene Clip        |

**\*\*Please choose all that apply\*\***

- ☐ Perform necessary procedures to diagnose & treat my pet today
- ☐ Do not spend above \$\_\_\_\_\_ without contacting me first
- ☐ Perform exam, then contact me with estimate (*please be available by phone, may lead to later pick up*)
- ☐ I authorize sedation if needed (oral / injectable)
- ☐ I would like a Benadryl pre-med for my dog's vaccinations (oral / injectable)

**Provide updates via**    ☐ **Text**    ☐ **Phone Call**    ☐ **Written summary at pickup**

I authorize Healing Hands Veterinary Care to perform the above treatments requested. Additional treatments will be performed with the owner's verbal or written consent except in cases of emergency. Your pet may be given an oral medication, Capstar, if fleas are seen.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Annual exam questions on back*

## Annual Questionnaire

What is your pet's current diet? (Brand, flavor, dry/wet, etc.) \_\_\_\_\_  
\_\_\_\_\_

How much and often are they fed? \_\_\_\_\_

What treats does your pet get and how often? ("People food" or species-specific treats.)  
\_\_\_\_\_

What heartworm and/or flea prevention are they on? \_\_\_\_\_

List all regular medications: \_\_\_\_\_  
\_\_\_\_\_

List all regular supplements: \_\_\_\_\_  
\_\_\_\_\_

Do you need any medication refills? \_\_\_\_\_

Is your pet predominantly indoors or outdoors? Does your pet have free access to both indoors and outdoors? \_\_\_\_\_

Is your pet exposed to other animals beyond housemates? \_\_\_\_\_

Have you seen any changes in eating or drinking habits? If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Have you seen any changes in urination or defecation? If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Are there any lumps/growths you'd like checked? Please note location: \_\_\_\_\_  
\_\_\_\_\_

Has your pet had issues with vomiting or regurgitation? Is this new? \_\_\_\_\_

Have you noticed any coughing or sneezing that is abnormal for them? \_\_\_\_\_

Have you noticed any itchiness? \_\_\_\_\_

Have you noticed any changes in energy level? Hesitancy to jump or play? \_\_\_\_\_

Do you have any other concerns you'd like to address today? \_\_\_\_\_  
\_\_\_\_\_