Four Lakes Veterinary Clinic



Wellness Appointment Form

4504 Monona Dr Madison, WI
Phone: (608) 819-6750
staff@fourlakesvet.com
www.fourlakesvet.com

Date:		Patient Name:		
Client Name:		Patient Age:		
		Patient Weight:		
		(for office use only)		
Questions/Concerns:				
Current Medications/ Supplements: (Please include the dose, frequency and when they were last given.)				
Diet: (Please include the brand, flav	or and amount you are feed	ling daily. Please list any addition	al foods or treats your pet g	ets.)
How would you describe your pet's weight?				
Skinny	Just Right	Could lose a few pounds	Overweight	
How active is your pet?				
Couch Potato	Moderately Active (daily	walks, plays a bit)	Very Active (runs everyw	here!)
Anything Else?				
Bloodwork (we recommend it every year!)				
Medication Refill(s):				
Other:				
How would you like to be contacte	d with updates today?			
Phone:			Call Tex	t
Email:				
A current rabies vaccination is required by law. As such, if we do not have or if you cannot provide proof of current vaccination, one will be administered today.				
I, the undersigned owner of, agent of the owner of, consent to the examination of this pet by the veteri treat, hospitalize, sedate, anesthetize and/or perform	narians at Four Lakes Veterinary Clin	nic. I also agree that after consultation with	me, the hospital's doctors may prescri	ibe medication for,

consent to the examination of this pet by the veterinarians at Four Lakes Veterinary Clinic. I also agree that after consultation with me, the hospital's doctors may prescribe medication for, treat, hospitalize, sedate, anesthetize and/or perform surgery on my pet. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with the veterinarian before the procedure is initiated. Should unexpected lifesaving emergency care be required and the veterinarian is unable to reach me the hospital staff has my permission to provide such treatment, and I agree to pay for such care. I also understand that all fees are to be paid before the animal is released from the hospital unless other arrangements have been made in advance. I have read the above and agree.

Signature:

For In-Clinic Use Only: Patient ID: Current Weight: Previous Weight: Dr.