



DROP OFF AND GO - WELLNESS

(Please Print)

Today's date:		
OWNER'S INFORMATION		
Owner's Last Name:	First:	Middle:
Pet's Name:		Email Address:
Pick Up Time: <input type="checkbox"/> 3 p.m. <input type="checkbox"/> 5 p.m. <input type="checkbox"/> 7 p.m. <input type="checkbox"/> Other request _____		IMPORTANT – LIST A NUMBER YOU CAN BE REACHED AT TODAY
		Mobile Phone () Other Contact Phone : ()
PATIENT INFORMATION		
The doctor will conduct a thorough nose-to-tail physical examination and confirm that your pet is healthy. Then, we recommend the services listed below. Please indicate your approval by checking the appropriate boxes.		
<input type="checkbox"/> Yes	Vaccinations	Vaccinations keep your pet healthy and free of disease. The doctor will give any vaccinations that are due.
<input type="checkbox"/> Yes	Fecal Tests	We will send your pet's fecal sample to the lab for parasite testing. Included are microscope examination for intestinal parasites and worm eggs, and biochemical testing for the Giardia parasite.
<input type="checkbox"/> Yes	Blood Tests	We recommend annual testing to detect common diseases early, while treatment is most likely to be effective. Our blood tests are personalized for pets based upon age.
<input type="checkbox"/> Yes	Parasite Prevention	We recommend regular deworming for the intestinal parasites that can infect humans, including roundworms and hookworms.
		Cats receive a 1-year supply of an easy-to-give oral liquid called pyrantel. Dogs receive Interceptor chewable tablets. 12 tablets or 6 tablets. Please circle one.
<input type="checkbox"/> Yes	Flea & Tick Prevention	We recommend monthly application of Feline Frontline Plus for cats and Vectra for dogs.
Has your pet been having any problems?		
<input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Changes in Appetite <input type="checkbox"/> Changes in Water Intake <input type="checkbox"/> Excessive Drinking <input type="checkbox"/> Excessive Urination <input type="checkbox"/> Straining to Urinate or Defecate <input type="checkbox"/> Urinary Frequency <input type="checkbox"/> New Lumps <input type="checkbox"/> Changes in Previously Noted Lumps <input type="checkbox"/> Scooting Rear End Across the Floor <input type="checkbox"/> Cats, eliminating outside the litter box <input type="checkbox"/> Other _____		
Please describe the severity and duration of any problems noted above:		
What kind of food does your pet eat? How much? How often?		
Please list any medications your pet is taking, along with the dose (number of pills or amount of liquid), and how often you give it:		
<input type="checkbox"/> Yes We have excellent grooming services at our Pet Spa & Resort. Please give my pet a bath and haircut.		

We pledge to do our very best to care for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet. Payment is required at the time services are rendered. We accept major credit cards, cash, checks and CareCredit. We may also require deposits for certain services. By signing this form, you agree to pay for all charges incurred in the care of this pet.

Owner Name _____

Owners signature _____

Date _____