

PATIENT NAME \_\_\_\_\_

CLIENT NAME \_\_\_\_\_

Please give us a telephone number(s) where you can be reached during office hours:

OR

If you will be unavailable, leave the name and telephone number of the person who can make decisions regarding your pet's health care:

\_\_\_\_\_

Is your pet on heartworm preventative? Yes No      Date last given: \_\_\_\_\_

If yes, please circle the type of preventative:  
Heartgard Iverhart Trifexis Proheart Revolution Other \_\_\_\_\_

Is your pet on a flea/tick preventative? Yes No      Date last given: \_\_\_\_\_

If yes, please circle the type of preventative:  
Frontline Advantix Comfortis Trifexis Revolution Other \_\_\_\_\_

Please **list any medications and/or supplements that your pet takes, time when they were last given and directions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of food does your pet eat? \_\_\_\_\_

How much do you feed? \_\_\_\_\_

Is your animal having any medical problems at this moment? If yes, please explain (symptoms, when it started,etc): \_\_\_\_\_  
\_\_\_\_\_

(if more space needed use the back of this form)

\_\_\_\_\_ **Annual** (vaccines deemed necessary by doctor, heartworm test, fecal and exam)  
(initial)

\_\_\_\_\_ **Approval if sedation is necessary**  
(initial)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date)

Pick-Up Date: \_\_\_\_\_

Approximate Pick-up Time: \_\_\_\_\_