

**Wellness Exam and/or Vaccination Drop-off Form**

**Routine Services**

(Please check all services to be performed)

**Canine Vaccinations**

- Rabies
- Distemper 1 year
- Distemper 3 year
- Bordetella
- Lyme
- Leptosporosis

**Diagnostic Tests**

- Physical Examination
- Intestinal Parasite Exam/Fecal
- Heartworm Antigen/Lyme/E.Canis Test (Canine ONLY)
- Feline Leukemia/FIV Test (Feline ONLY)
- Pre-Adult Profile (Puppies and kittens 22wks and older)
- Senior Lab Work (7 years and older)

**Spa Services**

- General Purpose Bath
- Medicated Bath (as determined by veterinarian)
- Nail Trim
- Anal Gland Expression (Canine ONLY)

**Feline Vaccinations**

- Rabies
- Feline Distemper
- Feline Leukemia
- FIV
- Deworm

To help us best monitor the internal health of your pet, please note if any of the problems below are present (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Vomiting               | <input type="checkbox"/> Not Eating or Decreased Appetite |
| <input type="checkbox"/> Diarrhea               | <input type="checkbox"/> New Growths or Masses            |
| <input type="checkbox"/> Coughing               | <input type="checkbox"/> Change in Drinking Behavior      |
| <input type="checkbox"/> Sneezing               | <input type="checkbox"/> Change in Urination Pattern      |
| <input type="checkbox"/> Lameness/Limping       | <input type="checkbox"/> Pain                             |
| <input type="checkbox"/> Itching                |   |
| <input type="checkbox"/> Hairloss               |   |
| <input type="checkbox"/> Lethargy or Depression |   |

If any of the above problems are present, please fill out the most appropriate Drop-off Form

**Drop-off Policies:**

- For the safety of all of our patients, your pet must be up-to-date on his/her *Wellness Exam, Distemper Vaccination, Rabies Vaccination, Fecal Exam and Bordetella Vaccination* in order for them to stay in our hospital.
- If your pet presents with evidence of fleas, they will be treated as deemed appropriate by their veterinarian.
- If your pet requires a Distemper vaccination and it has been more than 3 months since their last Wellness Exam, he/she will have an examination prior to being vaccinated.

My contact number: \_\_\_\_\_

\_\_\_\_ Please proceed with treatment in my pets best interest

\_\_\_\_ Please contact me prior to performing any treatment

Signature \_\_\_\_\_