



Exam Date ____/____/____

CANINE WELLNESS/EXAM AUTHORIZATION and MEDICAL RECORD

Owner name: _____ Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

Dog's name: _____ Color: _____ DOB/Age: _____ Breed: _____ M/F: ____

Parasite Control:

- Broad spectrum Dewormer*
 Heartworm Prevention*
 Flea/Tick Control*

* Price, type of product and availability varies.
Please ask what is available at clinic for current information.

- Nail Trim \$10
 Anal Glands \$15
 Ear Clean \$10* (May vary due to severity)

Organization Admin fee: \$ _____

Vaccination and Identification:

- Rabies \$7.00
 DHLPP \$10.00
 Bordetella \$10.00
 Lyme Vaccine \$25.00
 Influenza Vaccine \$30.00

 Microchip \$25.00

Labwork:

- Junior Wellness Profile \$55.00
 Senior Wellness Profile \$115.00
 Heartworm/Lyme/Anaplasma/Ehrlichia \$20.00
 Fecal Examination \$20.00 - \$35

Additional Services requested or recommended: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I understand that, although rare, there are risks with any medical treatment, surgical and anesthetic procedure including infection and death. I also understand that no guarantee of successful treatment can be made. If my dog is in need of post surgical care, I may contact the Rascal Animal Hospital in Dublin for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: _____***For Clinic Use Only (do not write below this line)***

Exam findings: Wt(lbs): _____

Laboratory tests: _____

Prescriptions: _____

Recommendations: _____



Exam Date ____ / ____ / ____

PATIENT CHECK-IN INFORMATION

**Please fill in all information as completely as possible to allow optimal care for your dog.
This form must be filled on the surgery day, not before**

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you today: (____) _____

How long have you owned this dog? _____

Where did you obtain this dog? _____

Is your dog (circle one): Indoor only Outdoor Only Indoor/Outdoor

Has your dog displayed any of the following in the last 2 weeks: (check if yes)

Sneezing ____ Coughing ____ Vomiting ____ Diarrhea ____

Has your dog ever had a seizure? Yes No

If yes, explain: _____

Has your dog had any previous... (circle yes or no):

...Illness? Yes No If yes, please explain: _____

...Injuries? Yes No If yes, please explain: _____

...Surgery? Yes No If yes, please explain: _____

...Drug or vaccine **reaction**? Yes No If yes, please explain: _____

Is your dog on any long-term medications? If so, list all _____

Has your dog been given any medications in the last month? If so, list type and why it was given

IF your dog is female:

When was her last heat cycle? _____ Unsure

Has she had any litters? If so, when was the last time? Yes _____ No

Is your dog pregnant? (circle one) Yes No Could be

Has your dog been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? _____

When was the last time your dog was Heartworm tested? _____ Not tested Unsure if has been

Is your dog on monthly heartworm prevention? Yes No

If yes, what type? Heartguard Interceptor/Sentinel Revolution Trifexis Other: _____

When did your dog last eat? _____

How did you hear about RASCAL? _____

Do you have a regular veterinarian? Yes No