

CELL PHONE NUMBER TODAY: () -

Ok to text to this number? YES NO



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 \$8.00
- ___ DHLPP \$12.00
- ___ Bordetella \$12.00
- ___ Lyme Vaccine \$27.00
- ___ Influenza Vaccine \$35.00
- ___ 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): _____ T _____ P _____ R _____ BCS _____ Dental _____

Laboratory tests: _____

Prescriptions: _____

Recommendations: _____

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Please fill in all information as completely as possible to allow optimal care for your dog.

Owners Name: _____ Patient's Name: _____

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 or injury? Yes No If yes, please explain: _____

...Surgery (**Including spay/neuter**)? Yes No If yes, please explain: _____

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

Is your dog on any long-term medications? 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

Is your dog on monthly heartworm prevention? Yes _____ No

How did you hear about RASCAL _____

Do you have a regular veterinarian? Yes No