

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: \_\_ Fixed? \_\_

### Wellness Visit Fee \$15

### 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 \$15\* (non - refundable if related to temperament)  
 \_\_\_ Anal Glands \$18  
 \_\_\_ Ear Clean \$15\* (May vary due to severity)

### Vaccination and Identification:

\_\_\_ Rabies \$10  
 \_\_\_ DHLPP \$16  
 \_\_\_ Bordetella \$15  
 \_\_\_ Lyme Vaccine \$33  
 \_\_\_ Influenza Vaccine \$42  
 \_\_\_ Microchip \$30

### Labwork:

\_\_\_ Junior Wellness Profile \$93  
 \_\_\_ Senior Wellness Profile \$135  
 \_\_\_ Heartworm/Lyme/Anaplasma/Ehrlichia \$30  
 \_\_\_ Fecal Examination \$35 - \$40

### 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 services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

Signature of owner/agent: \_\_\_\_\_

### RABIES Certificate

Tag # \_\_\_\_\_ 1 yr \_\_\_ 3 yr \_\_\_

Rabies Expires : \_\_\_\_\_

Vaccine Serial (Lot) No. \_\_\_\_\_

Dr: \_\_\_\_\_

### For Clinic Use Only (do not write below this line)

Exam findings: Wt(lbs): \_\_\_ T \_\_\_ P \_\_\_ R \_\_\_ BCS \_\_\_ Dental \_\_\_

Laboratory tests: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Recommendations: \_\_\_\_\_

- A Michelle Gonzalez, DVM Lic# 7891
- Audra Hanthorn, DVM Lic# 10604
- Allison Middleton, DVM Lic# 203276

CELL PHONE NUMBER TODAY: (     )     -

Ok to text to this number? YES NO

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

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?

Shelter    Breeder    Pet Store    Stray    Friend/Relative    My dog's litter

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?  No     Yes, explain: \_\_\_\_\_

Has your dog had any previous...:

...Illness, Injury or Previous Surgery?  No    Yes, please explain: \_\_\_\_\_

...Drug or vaccine **reaction**?  No    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 30 days? 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?  No.    Yes, When? \_\_\_\_\_

Could your dog pregnant?  Yes    No

Has your dog been treated for fleas/ticks?  No    Yes, what product was used? \_\_\_\_\_

Is your dog on monthly heartworm prevention?  Yes    No

If yes, what type?  Heartguard    Interceptor    Revolution    Other: \_\_\_\_\_

When did your dog last eat? \_\_\_\_\_

How did you hear about the Rascal Unit? \_\_\_\_\_

Do you have a regular veterinarian?  Yes    No