

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: \_\_\_\_\_

**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
- \_\_\_ Anal Glands \$18
- \_\_\_ Ear Clean \$15\* (May vary due to severity)

Organization Admin fee: \$ \_\_\_\_\_

**Vaccination and Identification:**

- \_\_\_ Rabies \$10.00
- \_\_\_ DHLPP \$16.00
- \_\_\_ Bordetella \$15.00
- \_\_\_ Lyme Vaccine \$33.00
- \_\_\_ Influenza Vaccine \$42.00
- \_\_\_ Microchip \$30.00

**Labwork:**

- \_\_\_ Junior Wellness Profile \$55.00
- \_\_\_ Senior Wellness Profile \$115.00
- \_\_\_ Heartworm/Lyme/Anaplasma/Ehrlichia \$30.00
- \_\_\_ 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 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:** \_\_\_\_\_

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

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

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

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

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

Avery Road Suite 9 • Dublin, OH 43016 • 614 791 7729

Laboratory

RASCAL Unit, Ltd. • 6365 Old

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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 the Rascal Unit? \_\_\_\_\_

Do you have a regular veterinarian? Yes No