

**TLC Animal Hospital**  
*Well Health Exam Drop-Off/Consent Form:*

Name: \_\_\_\_\_

Pet: \_\_\_\_\_

**Patient is presented for well health exam and the following vaccines/services (please check all that apply):**

<b>Canine:</b>		
Rabies:	due on _____	accept___/decline____
DHPP:	due on _____	accept___/decline____
Bordetella:	due on _____	accept___/decline____
Leptospirosis-4:	due on _____	accept___/decline____
Influenza:	due on _____	accept___/decline____
Proheart Inj.:	due on _____	accept___/decline____
Heartworm Test:	due on _____	accept___/decline____
Fecal:	due on _____	accept___/decline____

<b>Feline:</b>		
Rabies:	due on _____	accept___/decline____
FVRCP:	due on _____	accept___/decline____
FeLV:	due on _____	accept___/decline____
Fecal:	due on _____	accept___/decline____
Combo Test:	due on _____	accept___/decline____

**Blood Profile:** While a physical examination is vital to your pet's healthcare, there are several conditions that cannot be diagnosed by simply looking, listening and touching. Chemistry and hematology blood tests provide a detailed look at your pet's health from the inside. Since our pets age almost seven times faster than we do, we recommend that these tests be performed annually. *(Please note that additional fees apply)*

Last Done: \_\_\_\_\_ accept \_\_\_\_ // decline \_\_\_\_

**Patient History:**

- Any Concerns? Change in personal habits (i.e. water consumption, sleep, appetite)? Duration?:  
\_\_\_\_\_  
\_\_\_\_\_

- Heartworm/Flea Prevention: \_\_\_\_\_ When was it last administered? \_\_\_\_\_

*Please note: Anyone that has not been treated for fleas in the last 30days will be treated at the owner's expense*

- Other Medications: \_\_\_\_\_
- Diet (Brand (ie: Science Diet, Iams, etc.), Wet/Dry): \_\_\_\_\_
- How has their appetite / water consumption been: \_\_\_\_\_
- Inside/Outside? \_\_\_\_\_
- Any known allergies/reaction to vaccines? \_\_\_\_\_

**Should any medical abnormalities be noted while my pet is here, I authorize one of the following:**

\_\_\_\_\_ I give the veterinarians at TLC Animal Hospital my permission for any diagnostic procedures and treatments that they deem necessary.

OR

\_\_\_\_\_ I request that the veterinarian perform only an initial evaluation and then contact me for any further diagnostic and treatment procedures.

**Today I can be reached at:**

Primary phone number: \_\_\_\_\_ or Back-up number: \_\_\_\_\_

Would you prefer to receive updates via text? YES // NO If yes, what number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_