

**TLC Animal Hospital**  
***Exam Request During Boarding***

Receipt: \_\_\_\_\_

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

Check In: \_\_\_\_\_

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

Check Out: \_\_\_\_\_

Type of Examination Requested: WELL HEALTH EXAM // DIAGNOSTIC EXAM

Are there any concerns and/or changes in habits that you would like the doctor to address? YES // NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, when did you first notice this change? \_\_\_\_\_

Have there been any changes in appetite/water consumption? \_\_\_\_\_

Lifestyle (Circle all that apply): Indoor Outdoor Board Groom Dog Park Hunting Swimming

Treatment Preferences (otic packing, liquid meds, injections, etc...): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please initial one of the following:**

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

**OR**

\_\_\_\_\_ I request that the veterinarian contact me prior to any further diagnostics or any new treatments.

**Best Point of Contact During This Stay:**

You can still reach me at \_\_\_\_\_ to discuss the status of my pet.

**OR**

I will not be reachable during this stay. I give permission for my emergency contacts to make decisions in my place.

Emergency contact: \_\_\_\_\_ at \_\_\_\_\_

*In the event that TLC Animal Hospital is not able to reach either me or my emergency contact, I understand that the doctors and staff will act in the best interest of my pet and will begin any treatments that they feel are necessary. I also understand that I will be responsible for any additional charges that may arise.*

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

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