

Receipt: _____

TLC Animal Hospital
Canine Well Health Drop Off & Consent Form

Owner: _____

Pet: _____

Patient is presented for a well health exam and the following vaccines and/or services:

Rabies:	Due: _____	Accept // Decline	Influenza H3N2	Due: _____	Accept // Decline
DHPP:	Due: _____	Accept // Decline	Proheart Inj.	Due: _____	Accept // Decline
Bordetella	Due: _____	Accept // Decline	Heartworm Test	Due: _____	Accept // Decline
Leptospirosis	Due: _____	Accept // Decline	Fecal Test	Due: _____	Accept // Decline
Influenza H3N8	Due: _____	Accept // Decline			

Blood Profile: While a physical examination is vital to your pet’s healthcare, there are several conditions that cannot be diagnosed simply by looking, listening, and touching. Chemistry and hematology blood tests provide a detailed look at your pet’s health from the inside. Since our pet’s age almost seven times faster than we do, we recommend that these tests be performed annually. **Last Done:** _____ **Accept: _____ // Decline: _____**

Patient History

Any concerns/Changes in Habits? Duration?: _____

Any other requests? (Nail trim, refills, etc.): _____

Heartworm/Flea Prevention: _____ **Date last administered:** _____

Please Note: Anyone that has not been treated for fleas within the last 30days will be treated at the owner’s expense

Current Medications: _____

Given today? Y // N **When?** _____

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

Regular Diet? (Iams, Hills, wet, dry, etc.): _____

If any medical abnormalities are noted while my pet is here, I authorize ONE of the following:

1) I give the veterinarian my permission for any diagnostics and/or treatments they deem necessary **Initials:** _____

2) I request the veterinarian to only perform an initial examination and then contact me to discuss further diagnostics and/or treatments **Initials:** _____

I understand that I will be charged a day board fee to cover the cost for the kennel, staff, and/or supplies used while my pet is here. Initials: _____

Primary Contact Number: _____

Alternate Number: _____

Signature: _____

Date: _____