



WELL

DROP OFF & GO - WELLNESS

(Please Print)

Today's Date: _____

OWNER'S INFORMATION

Owner's Last Name: _____ First: _____ Middle: _____

Pet's Name: _____ Email Address: _____

Pick-Up Time Requested: _____

Important - LIST A NUMBER YOU CAN BE REACHED TODAY

Mobile Phone: () _____ Other Phone: () _____

PATIENT INFORMATION

The doctor will conduct a thorough nose-to-tail physical examination and confirm that your pet is healthy. Then, we recommend the services listed below. Please indicate your approval by checking the appropriate boxes.

Vaccinations	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vaccinations keep your pet healthy and free of disease. The doctor will give vaccinations that are due.
Fecal Tests	<input type="checkbox"/> YES	<input type="checkbox"/> NO	We will test your pet's fecal for parasites. Included are microscope examination for intestinal parasites and worm eggs, and biochemical testing for the Giardia parasite.
Blood Tests	<input type="checkbox"/> YES	<input type="checkbox"/> NO	We recommend annual testing to detect common diseases early. While treatment is most likely to be effective, our blood tests are personalized for pets upon age.
Parasite/Flea Prevention	<input type="checkbox"/> YES	<input type="checkbox"/> NO	We recommend monthly tablet of Trifexis/Sentinel for dogs and Advantage Multi for cats.
Tick Prevention	<input type="checkbox"/> YES	<input type="checkbox"/> NO	We recommend Bravecto tablet or Seresto Collar.

Has your pet been having any problems?

Coughing Sneezing Vomiting Diarrhea Constipation Changes in Appetite Changes in Water Intake Excessive Drinking

Excessive Urination Straining to Urinate or Defecate Urinary Frequency New Lumps Changes in Previously Noted Lumps

Scooting Rear End Across the Floor Cats, eliminating outside the litter box

Other _____

Please describe the severity and duration of any problems noted above:

What kind of food does your pet eat? How much? How often?

Please list any medications your pet is taking, along with the dose (number of pills or amount of liquid), and how often you give it:

Bath	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Please give my pet a bath!!
Grooming	<input type="checkbox"/> YES	<input type="checkbox"/> NO	We have excellent grooming services at Camp Wagon Tails. Please give my pet a haircut.

We pledge to do our very best for your pet's health needs. In return we ask you to accept the responsibility for charges incurred in the treatment of your pet. Payment is required at the time services are rendered. We accept major credit cards, cash and CareCredit. We may also require deposits for certain services. By signing this form, you agree to pay for all charges incurred in the care of this pet.

Owner name _____

Owner Signature _____

Date _____