



Day Admission Form Wellness Exam

Patient Name: _____

Owner: _____ Preferred Contact Number: _____
(The doctor will use this number to contact you today, please make sure you are available) text preferred call preferred

Secondary Contact: _____ Secondary Contact Number: _____

Medical History

Current Diet and Time of Last Meal: _____

Current Medications & Time of Last Dose: (include over-the-counter, flea, tick, heartworm meds)

Vaccine/Wellness Visit

Has your pet been sick in the past week? (vomiting, diarrhea, coughing, lethargy)? Yes No

If yes, please describe: _____

Do you have any concerns to be addressed during the visit today? Please describe in detail:

Feline Services

Vaccines: Feline Distemper Rabies Feline Leukemia
Preventative Screening: Early Detection Profile FeLV/FIV Thyroid/T4 Fecal Screen
Preventative Medications: Bravecto Plus Revolution Tapeworm Dewormer Other _____

Canine Services

Vaccines: Rabies Distemper/Parvo Lyme Bordetella Lepto Influenza
Preventative Screening: HW/Tick Test Early Detection Profile Thyroid/T4 Fecal Screen
Preventative Medications: Simparica Trio Interceptor Credelio ProHeart 6
 ProHeart 12 Bravecto Revolution Other _____

Optional Services: Nail Trim (\$38.95) Check ears (\$17.25) & treat if necessary (\$35 - \$63)
 Microchip Implant (\$70.00) Anal Gland Express (\$47.50)

I give my permission for All Pets to examine my pet today and perform any emergency procedures necessary to stabilize my pet in the case of an emergency.

*****If you DO NOT want us to perform life-saving measures before authorization, please initial:** _____

I understand that if my pet is found to have fleas they will be treated at my expense. _____

Signature: _____ Date: _____

Staff Initials: _____ Patient weight: _____ Kennel number: _____ Scheduled D/A Time: _____