



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 12 Bravecto Other _____

Optional Services: Nail Trim (\$41.30) Check ears (\$18.30) & treat if necessary (\$35 - \$63)
 Microchip Implant (\$74.20) Anal Gland Express (\$50.30)

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: _____