

ROUTINE IN-PATIENT RELEASE

Owner's Name: _____ Date: _____
Pet's Name: _____

Address, Phone or E-mail corrections? No Yes, **and the changes are:**

Street Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

My pet is being dropped off for the following routine procedures: _____

About your pet... (check all that apply)

He/She is: Strictly an indoors pet. He/She eats: Once daily Twice daily Free fed
 Mostly indoors but goes outside in the yard. Brand of Diet: _____
 Mainly an outdoor pet. _____

He/She gets exercised by: Daily walks Occassional walks Running in the yard Playing in the house
 Hiking/Swimming Jogging None Other: _____

Heartworm preventative: _____ year round part of the year never Last Dose: _____

Flea preventative: _____ year round part of the year never Last Dose: _____

Other Medications: _____

Please refill: Heartworm preventative Flea Preventative Other medication: _____

Amount: _____

Yes No

- Has your pet had any reaction to medications? _____
- Has your pet had any reaction to vaccines? _____
- Normal urination and bowel movements? _____
- Normal appetite and water consumption? _____

Has your pet shown any sign of the following:

- Vomiting? How long? _____ Scooting?
- Diarrhea? How long? _____ Trouble getting up or down? _____
- Coughing? How long? _____ Weight loss or gain? _____
- Scratching? How long? _____ Unusual lumps or bumps? _____
- Shaking Head? How long? _____

Please explain any other specific concerns you would like us to address: _____

CONSENT:

I understand that I am fully responsible for any charges occurred for the requested procedures for my pet and agree to pay in full at the time services are rendered.

How may we reach you today? _____

Signature of Owner or Authorized Agent _____

