



Client's Information

First Name

Last Name

Phone numbers (where we can reach you)

Pet's Information

First Name

Exam includes checking

- **Eyes**
- **Heart**
- **Skin**
- **Teeth**
- **Lungs**
- **Body Condition (weight)**
- **Ears**
- **Lumpy/Masses**
- **Lymph Nodes**

Has your pet exhibited any of the following recently? Please check all that apply:

- Vomiting Diarrhea Increased Appetite Decreased Appetite Lethargy Increased Urination
- Increased Water Intake Weight Loss Weight Gain Pain Coughing/Sneezing Scooting
- Skin Problems/Scratching Lumps/Bumps Bad Breath

Additional Comments _____

Additional Services (Please check any additional services you request)

- Rabies Distemper Bordetella Lyme Lepto Flu Fecal Test
- Leukemia Anal Gland Expression Proheart 6 Heartworm Test Nail Trim
- Heartworm Preventative Flea/Tick Preventative

Additional Comments _____

If additional services are necessary, do we have your permission to treat? Yes No

Would you prefer to be called first? Yes No

I give permission for my pet to be treated as described above and I agree to be financially responsible.

Signature _____