



Client's Information

First Name _____ Last Name _____ Phone Number _____

Pet's Information

_____ Call When Ready? Yes No

Pets Name _____

Primary reason for visit _____

Has your pet had anything to eat today? Yes No If yes, when, and how much? _____

Normal diet fed _____

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 Services (Please check any additional services you request)

- Rabies Distemper Bordetella Lyme Lepto Flu Fecal Test
- Feline Leukemia Anal Gland Expression Proheart6 Heartworm Test Nail Trim
- Heartworm Preventative Flea/Tick Preventative Medicated Bath

Please indicate type of grooming _____

What is the length of hair to be left on your pet _____

Please list any/all medication(s) your pet is currently taking on the form provided.

- If Sedation is needed for grooming and we do not have your permission, we will not be able to groom your pet as requested.
- If your specified groom must be altered due to heavy matting, an attempt to contact you will be made. If we are unable to reach you the groomer will continue with the service at an additional charge.
- I understand that if fleas or ticks are found on my pet that Falls Church Animal Hospital will administer treatment. I agree to pay for services required for treatment.

Would you like to be contacted after your pet has received their bath? Yes No

If X-Rays are necessary for treating your pet today, do we have your permission? Yes No

If blood work is necessary for treating your pet today, do we have your permission? Yes No

If Sedation is necessary for treating your pet today, do we have your permission? Yes No

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

Signature _____ **Date** _____