

CAPITAL HEIGHTS VETERINARY CLINIC
WELLNESS DROP OFF FORM

Owner's Name: _____

Telephone Number to be reached at today: _____

Pet's Name: _____

If your pet is boarding, would you like a phone call after the exam? YES/NO

What heartworm/flea prevention do you give your pet? Last given date?

What is your pet's diet (name of brand)? _____

How much are they fed? _____

Does your pet do any of the following (check all that apply)

Boarding _____ Doggie Daycare _____ Groomer _____ Dog Park _____

Has your pet ever had a drug/vaccine reaction? YES/NO

Details _____

Is your pet on any medications? YES / NO

If so, please list names and doses: _____

Would you like a wellness profile today? We recommend this for pets 8 years or older. This is blood work that will tell us how your pet's organ function is doing. (\$65) YES / NO

Are there any concerns or problems you have about your pet today? _____

In admitting my pet(s) for diagnostics and treatment, I authorize the veterinarian of Capital Heights Veterinary Clinic, and their support staff, to administer such treatment and/or perform such diagnostic(s) as deemed necessary.

Owner signature: _____ Date: _____