

CAPITAL HEIGHTS VETERINARY CLINIC
FELINE WELLNESS DROP OFF FORM

Client Name: _____

Telephone number to be reached at today: _____

If your pet is boarding, would you like a phone call after the exam or do you prefer to discuss at pick up?

Pet's Name: _____

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

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

How much are they fed daily? _____

Is your cat Indoor / Outdoor ? (circle each that apply)

Is your pet on any medications? YES / NO

If so, please list names and doses: _____

Would you like a wellness profile today? We especially recommend this for cats 8 years and older. This is bloodwork that will tell us how your pet's organ function is doing. (\$85) 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:** _____