

**For pets that are dropped off for care/treatment:**

The information requested tells us things that you want us to do for your pet. Please be careful, specific, and thorough in filling this out. It is the best way we can be certain that we understand what you want.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

New address or phone number? If so, please write down new information: \_\_\_\_\_

\* **Treatment:** If your pet has been ill, please check any symptoms you have noticed:

- |   |                 |  |                 |
|---|-----------------|--|-----------------|
| <input type="checkbox"/> Vomiting _____     | How Long? _____ | <input type="checkbox"/> No appetite _____ | How Long? _____ |
| <input type="checkbox"/> Diarrhea _____     | _____           | <input type="checkbox"/> Weakness _____    | _____           |
| <input type="checkbox"/> Listless _____     | _____           | <input type="checkbox"/> Coughing _____    | _____           |
| <input type="checkbox"/> Sneezing _____     | _____           | <input type="checkbox"/> Gagging _____     | _____           |
| <input type="checkbox"/> Shaking head _____ | _____           | <input type="checkbox"/> Scooting _____    | _____           |
| <input type="checkbox"/> Urine change _____ | _____           |  |                 |
| <input type="checkbox"/> Limping _____      |                 | - Which leg: _____                         |                 |
| <input type="checkbox"/> Scratching _____   |                 | - Where: _____                             |                 |

Please add anything else we need to know or do: \_\_\_\_\_

\* **Vaccination:** If your pet is here today for boosters or annual physical vaccines, please check:

- Dog:**  Annual Visit: Exam, DHLPP & Rabies vaccines, heartworm test & stool check  
 Puppy boosters  
 Bordetella (kennel cough) – required if you board or groom your pet
- Cat:**  Annual Visit: Exam, FVRCP, & Rabies vaccines (stool check if sample brought in)  
 Feline leukemia – highly recommended for all cats, especially indoor/outdoor cats  
 Kitten boosters

Other: \_\_\_\_\_

⇒ Please initial here indicating your permission to sedate/anesthetize your pet: \_\_\_\_\_

\* **Grooming:** *Must be scheduled in advance with our groomer!!*

- Full grooming – breed specific (ask groomer for details)  
 Bath – includes nail trim, anal gland expression.

Details for groomer/other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_