



Convenience Care/ Wellness Drop-Off

Owner Name: _____

Pet's Name: _____ Sex: _____ Age (est. is fine) _____ Weight(est. is fine) _____

What is the reason we are seeing your pet today? *Must be completed*

What food does your pet eat and how much?:

What other concerns do you have today in regards to your pet's health?

Have you noticed any new lumps or bumps? If so, where.

What changes or concern do you have about mobility/pain?

Please list all medications and supplements your pet is currently on, and when did your pet last have his/her last dose? (Including flea/heartworm prevention)

Do you need any medication refills today? (Including flea/heartworm prevention) _____

If so, what medications do you need and how much? _____

Do we have permission to do any routine testing such as a heartworm test, or Senior Wellness Bloodwork based on Dr. Winner's recommendations? _____

Has your pet been here before? If not, who is your previous vet, and do we have your permission to contact them for history?

I am the owner/agent of the pet listed above and authorize an exam for my pet. I understand that payment is due for services when pet is discharged.

Signature _____ **Date:** _____

What telephone number can you be reached at today? _____

6/20/2020