Name: _____ Owner: _____

Annual Exam: *please check **ALL** that are approved*

*Required for kenneling

**May be required for some medication refills

DOGS: *Rabies ___ *Distemper/Parvo ___ *Bordetella ___ Flu *(some kennels may require)* ___

CATS: *Rabies ___ *FVRCP ___ Leukemia *(outside cats)* ___

Parasite Screen** ___ Annual Bloodwork** ___

Ongoing Issues: *please circle **ALL** that apply*

Coughing/Sneezing Vomiting/Diarrhea Constipation/Bloody Stools

Weigh Loss/Gain Increase/Decrease Urination Increase/Decrease Appetite

Ears/Eyes/Skin Limping/Pain: (*where)* _____

Explanation: _____

_____

Diagnostics: *please check **ALL** that are approved*

Inhouse Bloodwork ___ X-Rays ___ Urinalysis w/Sedimentation ___ Cytology ___

Additional Services: *please check **ALL** that are approved*

Nails ___ Anal Glands ___ Bath *(drop off before 9am)* ___

Medications:

Current on flea/tick/heartworm prevention? **YES/NO**

Refills needed? **YES/NO**

If yes, please list all medications needing refilled: _____

_____

I authorize Chelsea Animal Hospital to act in the best interest of my pet and to perform services based on symptoms described above and assume all responsibility to pay for services performed on pet.

Signature: _____ Date: _____

Please leave the best telephone number(s) to reach you: _____