

Receipt: _____

TLC Animal Hospital Feline Well Health Drop Off & Consent Form

Owner: _____

Pet: _____

Patient is presented for a well health exam and the following vaccines and/or services

Rabies	Due: _____	Accept // Decline
FVRCP	Due: _____	Accept // Decline
FeLV	Due: _____	Accept // Decline
Combo Test	Due: _____	Accept // Decline
Fecal Test	Due: _____	Accept // Decline

Blood Profile: While a physical examination is vital to your pet’s healthcare, there are several conditions that cannot be diagnosed simply by looking, listening, and touching. Chemistry and hematology blood tests provide a detailed look at your pet’s health from the inside. Since our pet’s age almost seven times faster than we do, we recommend that these tests be performed annually. **Last Done:** _____ **Accept:** _____ **// Decline:** _____

Any concerns/Changes in Habits? Duration?: _____

Any other requests? (Nail trim, refills, etc.): _____

Heartworm/Flea Prevention: _____ **Date last administered:** _____

Please Note: Anyone that has not been treated for fleas within the last 30days will be treated at the owner’s expense

Current Medications: _____

Given today? Y // N **When?** _____ **Lifestyle: Inside // Outside** **Board // Groom**

Regular Diet? (Iams, Hills, wet, dry, etc.): _____

If any medical abnormalities are noted while my pet is here, I authorize ONE of the following:

1) I give the veterinarian my permission for any diagnostics and/or treatments they deem necessary
Initials: _____

2) I request the veterinarian to only perform an initial examination and then contact me to discuss further diagnostics and/or treatments
Initials: _____

I understand that I will be charged a day board fee to cover the cost for the kennel, staff, and/or supplies used while my pet is here. Initials: _____

Primary Contact Number: _____ **Alternate Number:** _____

Signature: _____ **Date:** _____