



Annual Examination Drop-Off Form

Patient Name: _____ Date: _____

Owner's Name: _____

The vaccinations and/or diagnostics highlighted below are the vaccinations specifically recommended for your pet to keep them healthy and prevent diseases. A veterinary assistant will be happy to review the recommendations with you and answer any questions at the time you drop off your pet.

Please initial next to the vaccinations and diagnostics that you authorize us to perform today:

Canine:

- _____ Physical Exam
- _____ Rabies vaccine (3 yr.)
- _____ Distemper/Parvovirus vaccine
- _____ Leptospirosis vaccine
- _____ Canine Influenza vaccine (Bivalent)
- _____ Bordetella/Kennel cough vaccine
- _____ Heartworm & Tick-borne disease test
- _____ Fecal examination

Feline:

- _____ Physical Exam
- _____ Rabies PureVax vaccine (1 yr.)
- _____ Rabies vaccine (3 yr.)
- _____ FRCCP (Feline Distemper) vaccine
- _____ Feline Leukemia vaccine
- _____ F.I.V./FeLV/HW Test
- _____ Fecal Examination

**We will attempt to perform the above procedures without sedation. However, in some cases it may be necessary to place your pet under a light sedation for their comfort. Your signature here indicates your acceptance of this procedure without additional prior notice. There is an additional charge for sedation.

Owner Signature: _____

Has your pet eaten anything in the last 12 hours (including treats): _____

Please list **ALL** medications your pet is currently taking **AND** the dose:

_____	Dose: _____
_____	Dose: _____
_____	Dose: _____
_____	Dose: _____

- What type/brand of heartworm preventative are you using? (Circle One)
Sentinel / Heartgard / Trifexis / Advantage Multi / Revolution / Other _____
Last Given: _____

- What type/brand of flea/tick preventative are you using? (Circle One)
Frontline / Nexgard / Bravecto / Advantage Multi / Effitix / Effipro / Other _____
Last Given: _____

****Please note: If a flea or tick is seen while in our hospital, a product will be administered.***

Are there currently any problems or issues that you would like to have evaluated by a veterinarian today? _____
If yes, please describe: _____

Please provide a phone number where we can contact you in the event any questions should arise during your pet's examination. We will also contact you at this number when your pet's yearly is completed:
(____) _____

Owner Signature: _____ **Date:** _____