



Client ID:
Inputted by:
**office use only*

Canine Wellness Drop- off Exam Questionnaire

Owner's Name	
Pet's Name	
Date	
Pick- up time	

**Pick- up times are not guaranteed*

What does your pet need done today?

- ☐ Exam ☐ Vaccines ☐ Other: _____

Please check the WELLNESS check up items you would like completed today

- | | |
|---|---|
| <input type="checkbox"/> Fecal test | <input type="checkbox"/> Snap 4dx test |
| <input type="checkbox"/> Annual Bloodwork | <input type="checkbox"/> Flea and Tick Prevention |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Heartworm Prevention |
| <input type="checkbox"/> Vaccines | <input type="checkbox"/> Other: _____ |

Please select the vaccines for which your pet is currently due:

- | | |
|---|---|
| <input type="checkbox"/> Core vaccination:
DAPPVL4 | <input type="checkbox"/> Lyme (HIGHLY
recommended) |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Bordatella |

Please select your choices for Flea, Tick, and Heartworm preventives:

**select EITHER Credelio OR Bravecto*

Credelio (MONTHLY Flea & Tick prevention)

- ☐ Single dose ☐ 6 month supply ☐ 12 month supply

Bravecto (12 week Flea & Tick Prevention)

- ☐ Single dose ☐ 6 month supply ☐ 12 month supply

Interceptor Plus (Heartworm preventive and monthly dewormer):

**a NEGATIVE Snap 4DX test is required*

- ☐ Single dose ☐ 6 month supply ☐ 12 month supply

Is your pet currently receiving any medications? If yes, Please list medications and dose below

Medication	Dose

Client ID:
Inputted by:
**office use only*

Please list any other comments or questions for the doctor:

It is VERY important that the doctor is able to reach you if we have questions regarding your pet. Failure to be reached may result in postponement of your treatment.

Primary number: _____

Alternate number: _____

- ☐ ***PLEASE initial so that we know you have read this statement: We REQUIRE PROOF of Rabies for ALL appointments. PLEASE bring proof of rabies vaccination with you. If this is not provided, we will vaccinate your animal for Rabies***

We would GREATLY appreciate it if you are able to provide us access to your pet's previous medical records.

Drop- off exams are offered for your convenience. Your pet will be examined as the doctor's schedule allows. Critical patients will be examined and stabilized immediately. Pick up times cannot be guaranteed.

I, the owner of the pet above, authorize Glades Pike Veterinary Hospital to examine, diagnose, and treat my pet as described above. I accept full responsibility for all costs incurred. I understand that, as a condition of treatment by this hospital, all payments must be made at time of service. In the event that this account should go unpaid, I will be subject to the costs of collections, including attorney fees and/or collection agency fees.

Pet Parent Signature:

Date: