

What was the date of your pet's last:

DHPP Vaccine: _____

Bordetella Vaccine: _____

Rabies Vaccine: _____

Heartworm Test: _____

Deworming: _____

Fecal Test: _____

Please list any additional vaccines your dog receives: _____

Has your dog ever had a reaction to any vaccines? YES NO

If your dog's vaccines are not current, would you like them to be given today? YES NO

Is your dog currently on any medications? YES NO

If yes which medication: _____

Has your dog ever had a reaction to any medication? YES NO

If yes which medication: _____

Does your pet have any other allergies? : _____

What type of flea/tick prevention is your pet currently on? : _____

What type of heartworm preventative is your pet currently on? : _____

Does your dog ever go on hunting trips or have exposure to wildlife? YES NO

Has your dog had any illness/injury in the last year? : _____

What are you currently feeding your dog? : _____

Do you give your dog table scraps? : YES NO

Has your pet eaten in the past four hours? : YES NO

Do you have any questions or comments for the doctor? : _____

At Sierra View Animal Hospital we try to accommodate your schedule as best we can. Typically, drop off patients are released between 3:00pm and 6:00pm. However if there is a specific time you are looking to pick up your pet, please let us know and we will do our very best to have your pet ready to go at that time.

Special pick up time request: _____

I hereby authorize the veterinarian at Sierra View Animal Hospital to examine, prescribe for and treat for the conditions presented on this form for the pet presented by me. Furthermore, I agree to pay fees, in full, for all services rendered when my pet is discharged from the hospital's care. I also understand that at times a deposit may be required at the time my pet is dropped off.

Signature: _____ Date: _____