Richmond Veterinary Clinic

Well Patient Drop-off Form Date: _____

| Tadada Cantast Number | Finns | | |
|--|---|-------------|--------------|
| Today's Contact Numbers: | FirstSecond | | |
| I will be able to be reach | | | |
| Please examine my pet for the | following reason(s): | | |
| Dogs: | | | |
| Annual Exam | Heartworm/tick test (dogs) | | _ Fecal |
| Vaccines | Routine Geriatric Bloodwork | Labwork | |
| Nail Trim | Express Anal Glands | Pro Heart | 6mo or 12 mo |
| Cats: | | | |
| Annual Exam | Vaccines | Clean Ears | Fecal |
| Nail Trim | Routine Geriatric Bloodwork | Labwork | _ ' CCai |
| Nan 111111 | Roddine deflatile bloodwork | Labwork | |
| Does your pet currently live: | ne, your pet will be required to receive oneInside onlyBoth inside and outs | · | |
| | preventative?YesNo , last applied | | |
| Is your dog currently on Heart | tworm preventative?YesNo | | |
| | , last given | | |
| Diet: | | | |
| How many times do you feed y | your pet in a day? | | |
| Is your pet currently on any of If yes, please list and provide d | ther medications?YesNo dosage and administration: | | |
| | | | |
| | | | |

Well Patient Drop-off Form

| CONSENT: | | | |
|--|--|--|--|
| I authorize the attending veterinarian to perform any procedures deemed necessary while my pet is here. I am aware that I will be responsible for any and all costs. | | | |
| Choose One: | | | |
| Please attempt to contact me if anything additional is needed, however <u>proceed</u> if I am not available. <i>I am aware that I will be responsible for any and all costs.</i> | | | |
| Please contact me regarding any additional procedures. If I am not available, do <u>not</u> proceed. <i>I understand this may mean I need to bring my pet back at another time for diagnosis and treatment.</i> | | | |
| Please Note : If your pet cannot be handled safely without sedation, we will be unable to complete the examination without authorization to sedate. Sedation is used only when necessary for the safety and well-being of the pet and staff. Initial for permission | | | |
| I understand that Richmond Veterinary Clinic now requires appointments and that my pet will be seen during an available appointment slot. I understand that a Richmond Veterinary Clinic staff member will call me after the doctor has completed their examination and schedule a time for pick-up. | | | |
| Payment is due at the time services are rendered. By signing below, you agree to the above conditions and allow us to treat your pet. | | | |
| Signature: Date: | | | |

