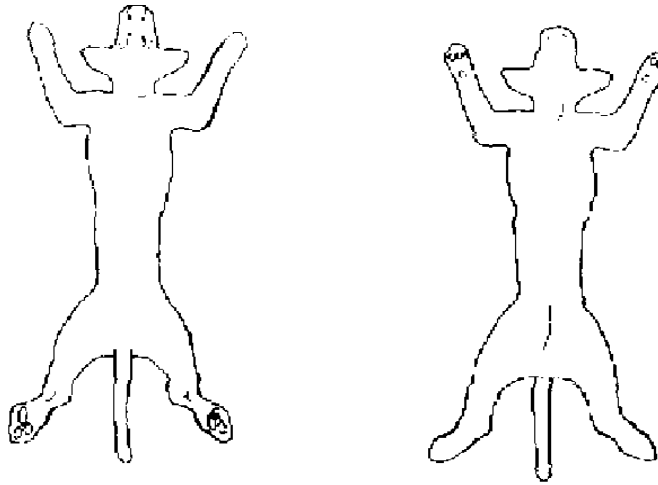


Do you need any medications refilled today? \_\_\_\_\_

Lumps, bumps, and lesions (please draw where the affected areas are on your pet)



When did you first notice the lumps/bumps/lesions:

**Please choose one:**

- ☐ Please attempt to contact me if anything additional is needed, however proceed if I am not available. I am aware that I will be responsible for any and all costs.
- ☐ Please contact me regarding any additional procedures. If I am not available, do not proceed. I understand this may mean I need to bring my pet back at another time for diagnosis and treatment.

**Please Note:** If your pet cannot be handled safely without sedation, we may be unable to complete the examination. Sedation is used only when necessary for the safety and well-being of the pet and staff. An attending Veterinarian will contact you before sedating your pet.

I understand that Richmond Veterinary Clinic 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. I understand I must confirm my appointment 24 hours in advance, or my appointment may not be held.

By signing below, you agree to the above conditions and allow us to treat your pet. Please note: if a signature is not provided, Richmond Veterinary Clinic reserves the right to refuse service.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_