Richmond Veterinary Clinic

Well Patient Drop-off Form

First name: _____ Last name: _____ Date: _____ Pet name: _____

Today's Contact Numbers: **First**_____
Second_____

_____I will be able to be reached at all times today
_____I will only be able to be reached between _____ AND _____

Please examine my pet for the following reason(s):

Dogs:
Annual Exam_____   Heartworm/tick test (dogs)_____   Clean Ears_____
Vaccines_____   Routine Geriatric Bloodwork_____   Labwork_____
Nail Trim_____   Express Anal Glands_____

Cats:
Annual Exam_____   Vaccines_____   Clean Ears_____
Nail Trim_____   Routine Geriatric Bloodwork_____   Labwork_____

Please Note: Rabies is required by law and is a requirement at RVC. If your pet is not current or you cannot provide proof of a current rabies vaccine, your pet will be required to receive one at today's visit.

Does your pet currently live: ___Inside only   ___Both inside and outside

Is your pet currently on a flea preventative? ___Yes   ___No
If so, what brand _____, last applied_____

Is your dog currently on Heartworm preventative? ___Yes   ___No
If so, what brand_____, last given_____

Diet: _____
How many times do you feed your pet in a day? _____

Is your pet currently on any other medications? ___Yes   ___No
If yes, please list and provide dosage and administration:
_____
_____
_____
Do you need any medications refilled today? _____

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.

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 at least 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: _____