

# NEARTOWN ANIMAL CLINIC UNACCOMPANIED PET CHECK-IN

Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Does your pet need any medication? \_\_\_\_\_

If your pet is healthy, please check from the following list services to be completed for your pet today.

- |                               |                       |                           |
|-------------------------------|-----------------------|---------------------------|
| ___ Physical Exam             | ___ Blood Profile     | ___ Bath                  |
| ___ Vaccinations              | ___ X-rays            | ___ EKG                   |
| ___ Medicated _____           | ___ Crème Rinse _____ |                           |
| ___ Internal Parasite Exam    | ___ Urinalysis        | ___ Nail Trim             |
| ___ Occult Heartworm Test     | ___ Microchip         | ___ Ear Cleaning          |
| ___ Feline Leukemia/ FIV Test | ___ Brush Teeth       | ___ Anal Glands Expressed |
| ___ Other _____               |                       |                           |

If your pet is **NOT** well, please **thoroughly** complete the following list:

- |                                   |                 |                        |                 |              |
|-----------------------------------|-----------------|------------------------|-----------------|--------------|
| ___ Vomiting                      | How Long? _____ | ___ Scratching         | How Long? _____ | Where? _____ |
| ___ Diarrhea                      | How Long? _____ | ___ Shaking Head       | How Long? _____ |              |
| ___ Listless                      | How Long? _____ | ___ No Appetite        | How Long? _____ |              |
| ___ Coughing                      | How Long? _____ | ___ Sneezing           | How Long? _____ |              |
| ___ Limping                       | How Long? _____ | Which Leg? RF RR LF LR |                 |              |
| ___ Increased Thirst or Urination | How Long? _____ |                        |                 |              |
| ___ Eyes Red or Draining          | How Long? _____ | Which Eye? R L Both    |                 |              |
| ___ Other _____                   |                 |                        |                 |              |

## Please verify that the above information is correct.

A staff member will notify you, at the phone number you left, when the examination and/or lab tests are completed.

**I UNDERSTAND THAT ALL FEES ARE DUE AT THE TIME OF DISCHARGE.**

Additional diagnostics may be required to aid the doctor in making a diagnosis and plans for treatment. Please give your authorization below:

- Proceed with further diagnostics as deemed necessary by the veterinarian's professional judgment up to \$400.00.
- Do only the minimum diagnostics needed for a diagnosis. Call if diagnostic charges would exceed \$200.00. (Treatment will be delayed if you are not available for the call.)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Contact # for Today: \_\_\_\_\_ Alternate: \_\_\_\_\_

Admitting Staff Member: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM