

Happy Tails Veterinary Center
24500 E. Smoky Hill Rd, Unit A
Aurora, CO 80016

Wellness Examination Drop-Off Form

We have arranged for your pet to be dropped off at our hospital today to allow us to examine and provide services at your convenience. Please read and answer the questions below as it applies to your pet. Please complete each question and be as detailed as possible to help us provide the best and most accurate care to your pet.

| | |
|--|--|
| Today's Date Click here to enter text. | Owner /Agent Name: Click here to enter text. |
| Patient Name: Click here to enter text. | Contact Number: Click here to enter text. |
| Species: Click here to enter text. | Sex Click here to enter text. |
| Age/Birthdate: Click here to enter text. | <input type="checkbox"/> Spayed / <input type="checkbox"/> Neutered <input type="checkbox"/> |

What brand and type of food are you feeding your pet? Amount? How Often?

Click here to enter text.

When did your pet last eat?

Click here to enter text.

Describe your pet's appetite and water intake.

Click here to enter text.

How have your pet's bowel movements and urination been? Any concerns?

Click here to enter text.

What do you do for at-home dental care? (ex; toothbrushing/water additive/chews)

Click here to enter text.

What Heartworm Prevention is your pet currently on? When was the last dose given?

Click here to enter text.

What Flea and Tick Prevention is your pet currently on? Last dose given?

Click here to enter text.

What medications or supplements is your pet currently taking?

Click here to enter text.

Has your pet ever had an adverse reaction to vaccinations? Yes / No

If yes, explain below:

Click here to enter text.

Have you noticed any lumps/abnormalities on your pet that you'd like us to look at?

Yes / No

If Yes, Explain: Click here to enter text.

Any other concerns that you would like us to address with your pet today?

Click here to enter text.

What time are you available to pick your pet up? Click here to enter text.

By signing below, I acknowledge that this form is accurate and complete. I understand

that Happy Tails Veterinary Center has provided me with an estimate including full recommendations of Preventative Care for my pet and has fully educated me on the recommended Preventative Care Services.

I authorize Happy Tails Veterinary Center to perform the services and treatments I authorized and signed for on the estimate provided. I understand that if I decline recommended Preventative Care services, this can increase the risks of infection/sickness to my pets and household.

Owner/Agent Electronic Signature: Click here to enter text. Date: Click here to enter text.

First Contact Click here to enter text. Phone# Click here to enter text.

Second Contact Click here to enter text. Phone# Click here to enter text.