



# WHO ARE WE SEEING?

To ensure that your pet receives the best possible care,  
Please take the time to fill out this form completely.

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Species: Dog      Cat      Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_

Sex:              Male/Intact              Male/Neutered              Female/Intact              Female/Spayed

Is your pet microchipped?  Yes  Please Scan for Microchip Number  
 No  I would like to discuss microchipping my pet.

Record microchip (Staff use): \_\_\_\_\_

## SYMPTOMS OR PROBLEMS

Please check any symptoms or problems you have noticed regarding your pet.

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Behavioral problem(s) | <input type="checkbox"/> Eye problems     | <input type="checkbox"/> Lump/bump        | <input type="checkbox"/> Sneezing          |
| <input type="checkbox"/> Bleeding gums/mouth   | <input type="checkbox"/> Gagging          | <input type="checkbox"/> Scooting         | <input type="checkbox"/> Urination changes |
| <input type="checkbox"/> Breathing changes     | <input type="checkbox"/> Increased thirst | <input type="checkbox"/> Shaking head     | <input type="checkbox"/> Vomiting          |
| <input type="checkbox"/> Constipation          | <input type="checkbox"/> Lack of appetite | <input type="checkbox"/> Scratching/itchy | <input type="checkbox"/> Weakness/lethargy |
| <input type="checkbox"/> Decrease activity     | <input type="checkbox"/> Limping          | <input type="checkbox"/> Shaking head     | <input type="checkbox"/> Weight gain/loss  |
| <input type="checkbox"/> Diarrhea              |   |   |  |

Other: \_\_\_\_\_

## TESTING

Dogs: NNVH requires that all dogs over one year of age have a heartworm blood screen performed prior to dispensing/prescribing any heartworm prevention. This test is required annually thereafter for the purchase/prescribing of prevention.

- Yes, I would like the heartworm blood screen and accept the additional cost of \$51.00  
 No, I decline the blood screen at this time and understand I will not be able to purchase or get a prescription from NNVH for heartworm prevention.

Cats: NNVH recommend that all cats and kittens be testing for Feline Leukemia Virus and Feline Immunodeficiency Virus. Identifying these underlying conditions could aid in the treatment of your cat.

- Yes, I would like the Feline Combo test and accept the addition cost of \$55.00  
 No, I decline the Feline combo test.

\_\_\_\_\_  
Owner/Authorized Agent Signature