



# Who Are We Seeing?

To ensure that your pet receives the best possible care, please take your 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.

- Behavioral problem(s)     Diarrhea     Limping     Sneezing
- Bleeding gums/mouth     Eye problems     Lump/bump     Urination changes
- Breathing changes     Gagging     Scooting     Vomiting
- Constipation     Increased thirst     Shaking head     Weakness/lethargy
- Decrease activity     Lack of appetite     Scratching/itchy     Weight gain/loss
- Other: \_\_\_\_\_

## Treatment and Financial Authorization

**Dogs:** NNVM 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
- 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:** NNVM recommend that all cats and kittens be tested 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 additional cost of \$55
- No, I decline the Feline Combo test.

Owner/Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_