



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 \$69.55
- 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 \$74.98
- No, I decline the Feline Combo test.

Owner/Authorized Agent Signature: _____ Date: _____