

Annual Visit Admission Form

Date: _____

Owner's Name: _____, Pet's Name: _____

The primary purpose of an annual examination is to prevent disease or, at least, to discover abnormalities while they are still treatable. It is also the time to review previous health problems, monitor current medications and update immunizations.

- Wellness exam, diagnostics and vaccinations (includes heartworm test and intestinal parasite screening) per doctors' recommendations.
- Canine Influenza
- Other _____
- Feline Leukemia/FIV testing

Has your pet ever had a vaccine reaction? Yes No

Is your pet taking any medications including over-the-counter? Yes No

If so, please list medications and doses: _____

It is highly recommended to perform therapeutic blood monitoring for patients who are currently on medications. It is essential for evaluating effects to major organs.

Would you like Therapeutic Blood Monitoring? Yes No

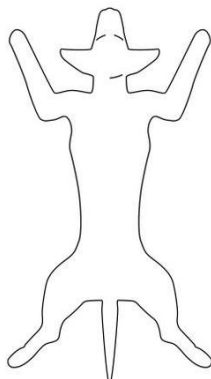
Early disease detection through routine monitoring is critical in diagnosing common diseases that cannot be detected by a physical exam, which enables us to slow the progression of the disease. Since we will be collecting blood and stool samples, you will receive a \$20 discount on this service with the wellness visit.

Would you like Early Disease Detection Screening? Yes No

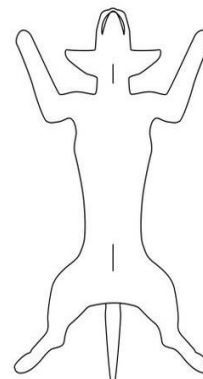
Please describe in your own words what seems to be the problem and circle the body part on the diagram that you think is the problem. If you are concerned about a mass or growth, please note when you first noticed area of concern and if it has increased in size.

Please note any problem areas below.

Left (Top side)Right



Right (Bottom side) Left



****Please turn page over to complete form. ****

Are there any concerns you may have that you would like the doctor to be aware of during the physical exam?

Yes No

If so, please describe:

Has your pet ever tested positive for Heartworm disease Yes No

Is your pet on heartworm preventative? Yes No – Brand: _____

Which heartworm prevention would you prefer today?

- 6 month Proheart Injection
 12 month Proheart Injection
 Heartgard (6 month supply) Heartgard (single dose)
 Trifexis (6 month supply) Trifexis (single dose)
 Revolution (6 month supply) Revolution (single dose) **(Only recommended for Felines)**

Is your pet on flea/tick medication? Yes No - Brand: _____

Which flea/tick prevention would you prefer today?

- Nexgard (6 month supply with 1 free dose) Nexgard (single dose)
 Seresto Collar (8 month supply)
 Credeilo (6 month supply with 1 free dose) Credeilo (single dose)

Additional Requests:

- Nail Trim Express Anal Sacs Microchip Clean Ears Bath

Permission for Diagnostics and Treatment. Please read before signing.

If we find the need for diagnostic labwork or x-rays, would you like us to:

- Perform the procedures Contact you with an estimate (Phone#: _____)

If your pet requires surgical/anesthetic procedures, would you like us to:

- Perform the procedures Contact you with an estimate (Phone#: _____)

I permit Animal Medical Center to treat my pet within the above guidelines.

Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

For your pet's protection, all vaccines must be current. Your pet must be free of external parasites. If not, treatment will be done at your expense.