



Wellness Drop Off Form	BOARDING: ___ WARD ___ DDC
DOCTOR _____	D/O: ___ WARD ___ DDC
CLIENT ID _____	___ GROOM

PLEASE COMPLETE THIS FORM PRIOR TO YOUR PET'S EXAM

DATE:	PET'S NAME:
PHONE NUMBER:	OWNER'S NAME:
How can we contact you today?	___ Call ___ Text

Please note: For pets that are boarding and utilizing daycare, we REQUIRE the following: Current exam, rabies, negative fecal and heartworm tests, and flea/tick prevention. Dogs must be current on Da2pp+Lepto, Bordetella (kennel cough), and Canine Influenza vaccines. Cats must be current on FVRCP and Leukemia vaccines.

Please initial next to each approved item.

Annual Wellness Exam \$42	<input type="checkbox"/>	Fecal \$25	<input type="checkbox"/>	Nail Trim \$20-\$30	<input type="checkbox"/>
Wellness Blood work \$93-\$164	<input type="checkbox"/>	Heartworm Test \$48	<input type="checkbox"/>	Anal Gland Expression \$23	<input type="checkbox"/>

For Canines Only

Rabies 1 yr \$22	<input type="checkbox"/>	Rabies 3 yr \$38	<input type="checkbox"/>
DA2PPV \$30	<input type="checkbox"/>	DA2PPV+Lepto \$30	<input type="checkbox"/>
Bordetella \$25.50	<input type="checkbox"/>	Lepto \$31	<input type="checkbox"/>
Canine Influenza \$34	<input type="checkbox"/>		
Other Vaccine not listed: _____			

For Felines Only

Purevax Rabies \$34	<input type="checkbox"/>	FVRCP \$22	<input type="checkbox"/>
Feline Leukemia \$31	<input type="checkbox"/>	FVRCP + Leukemia \$39	<input type="checkbox"/>

Has your pet had a VACCINE REACTION in the past? _____

Any other concerns? Please list _____

Current food _____ Amount given _____ How often? _____

Current medications _____

I understand that there is a \$16 fee for all drop offs (with the exception of grooming, baths, boarding, and daycare.

Signature: _____ Date: _____