Clinic Date ____/____/____

CANINE TREATMENT AUTHORIZATION and MEDICAL RECORD

Owner name: ____Date: ____/____/____

Address: ____

City: ___________________ State: ____ Zip: ______________ County: ________________________

Phone #: (____) ______________________ E-mail:____

Dog's name: _____________ Color: ____________ Age/DOB: _______ Breed: __________ M/F: __

Exam: $10

Parasite Control:
___ Broad spectrum Dewormer*
___ Heartworm Prevention*
___ Flea/Tick Control*

* Price, type of product and availability varies. Please ask what is available at clinic for current information.

Vaccination and Identification:

___ Rabies	$7.00
___ DHLPP	$10.00
___ Bordetella	$10.00
___ Lyme Vaccine	$25.00
___ Microchip	$25.00

Labwork:
___ Junior Wellness Profile
___ Senior Wellness Profile
___ 4Dx: Heartworm/Lyme/Erhlichia/Anaplasma
___ Fecal Examination

Additional Services requested or recommended: ____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks, and at-home care. I also understand that no guarantee of successful treatment can be made. If my dog is in need of post surgical care, I may contact RASCAL Unit for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: ____

For Clinic Use Only

Wt(lbs): ______ T: _____ P: _____ R: ____ BCS: ____/ 9 Dental Score: ____/ 4

Examination Findings:____

Diagnostics:____

Prescriptions:____

Recommendations:____

Clinic Date ____/____/____

PATIENT CHECK-IN INFORMATION

Please fill in all information as completely as possible to ensure optimal care for your dog.
This form must be filled on the surgery day, not before

Owners Name: _______________________________ Patient's Name: _________________________

Telephone number where we can reach you today: (____) ___________________

How long have you owned this dog? _____________________

Where did you obtain this dog? ______________________________

Is your dog (circle one): Indoor only Outdoor Only Indoor/Outdoor

Has your dog displayed any of the following in the last 2 weeks: (check if yes)
Sneezing ____ Coughing ____ Vomiting ___ Diarrhea ___

Has your dog ever had a seizure? Yes No
If yes, explain: ____

Has your dog had any previous… (circle yes or no):
…Illness? Yes No If yes, please explain: ____
…Injuries? Yes No If yes, please explain: ____
…Surgery? Yes No If yes, please explain: ____
…Drug or vaccine reaction? Yes No If yes, please explain: _________________________________

Is your dog on any long-term medications? If so, list all __________________________

Has your dog been given any medications in the last month? If so, list type and why it was given

____

IF your dog is an intact (unsprayed) female:
When was her last heat cycle? ______________ Unsure
Has she had any litters? If so, when was the last time? Yes __________ No
Is your dog pregnant? (circle one) Yes No Could be

Has your dog been treated or dipped for fleas/ticks in the last month? Yes No
If yes, what product was used? _________________________

When was the last time your dog was Heartworm tested? ______ Not tested Unsure if has been

Is your dog on monthly heartworm prevention? Yes No
If yes, what type? Heartguard Interceptor/Sentinel Revolution Iverheart Other: __________

How did you hear about RASCAL? ____

Do you have a regular veterinarian? Yes No