

Hudson Animal Hospital

Wellness Exam Drop Off

Date: _____

Client: _____ Patient: _____

What does your pet need?

Canine

- Rabies Lepto Fecal
 DHPP Lyme HW test
 Bordetella Influenza 4DX

Feline

- Rabies 1YR Rabies 3YR
 RCP Fecal
 FeLV FIV/FeLV Test

What does your pet eat?

How is your pet's drinking?

Is your pet having any vomiting or diarrhea?

Is your pet having any skin issues?

Is your pet currently on any Heartworm or Flea & Tick control? Which ones?

Is your pet taking any medications? Which ones? Doses?

Any other health concerns?

Where does your pet live?

Are there any changes in his/her litter box habits? (Feline Only)

Has your pet been FIV/FeLV tested? (Feline Only)

I authorize Hudson Animal Hospital to perform the above vaccinations and tests.

Signature

(_____) _____
Phone Number