

# Acadiana Veterinary Clinic

Owners Name \_\_\_\_\_ Pets Name \_\_\_\_\_ Date \_\_\_\_\_

Has your contact information changed since your last visit? YES \_\_\_\_\_ NO \_\_\_\_\_

What is the best way to reach you today?

Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_ Other# \_\_\_\_\_

## MEDICAL VISIT

What is your pet coming in for today?

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### Have you noticed any of the following? Please circle Yes or No:

Not wanting to eat or drink? Yes/No \_\_\_\_\_

Vomiting or diarrhea? Yes/No \_\_\_\_\_

Decrease in energy level? Yes/No \_\_\_\_\_

Trouble urinating or defecating? Yes/No \_\_\_\_\_

Change in skin or hair coat? Yes/No \_\_\_\_\_

Itching or licking? Yes/No \_\_\_\_\_

Coughing or sneezing? Yes/No \_\_\_\_\_

Limping or stiffness? Yes/No \_\_\_\_\_

Other symptoms? \_\_\_\_\_

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Is your pet on any of the following?

Flea Prevention: Yes \_\_\_\_\_ No \_\_\_\_\_ Last given \_\_\_\_\_ Product Used \_\_\_\_\_

Heartworm Prevention: Yes \_\_\_\_\_ No \_\_\_\_\_ Last given \_\_\_\_\_ Product Used \_\_\_\_\_

### Please check the appropriate instruction:

\_\_\_\_\_ Physical exam only, no other tests or treatments until I am contacted

\_\_\_\_\_ Physical exam and any diagnostics and treatment need up to \$ \_\_\_\_\_

X-rays \$70-90

Routine Blood work \$40-70

Comprehensive physical exam \$40

Thank you for giving us the opportunity to take care of your pet.

Signature \_\_\_\_\_

Drop off exams are offered for your convenience. Your pet will be examined when the doctor's schedule allows. Critical patients will be examined immediately

**If you have not heard from us by 2:30, Please call us.**

Pickup times for pets dropped off:

Monday and Friday between 4pm.-5pm.

Tuesday, Wednesday, and Thursday between 5pm.-6pm.

# BOARDING

What date will your pet be picked up on? \_\_\_\_\_

Please list any items left with pet, including leashes and collars. Please be advised we do provide beds for pets and WE CAN NOT BE RESPONSIBLE FOR ANY ITEMS LEFT WITH PET. Please label with pets first and last name on all items left, including food.

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We feed all pets Purina Prescription E/N a highly digestible intestinal diet. We are happy to feed other diets at your request. IF BRINGING IN PETS OWN FOOD PLEASE LIST HERE

Special feeding instructions:

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PLEASE LIST MEDICATION HERE:

Rx1: \_\_\_\_\_ Dosage: \_\_\_\_\_ No. of times/day: \_\_\_\_\_

Rx2: \_\_\_\_\_ Dosage: \_\_\_\_\_ No. of times/day: \_\_\_\_\_

Rx3: \_\_\_\_\_ Dosage: \_\_\_\_\_ No. of times/day: \_\_\_\_\_

Rx4: \_\_\_\_\_ Dosage: \_\_\_\_\_ No. of times/day: \_\_\_\_\_

Does your pet need to see the Vet or need any other services while here? (Bath, Annual, Nail Trim, Etc.)  
If yes, please fill out the medical, and/or grooming portion of this form.

All pets must be free of internal and external parasite. Any pets found to have fleas, ticks, intestinal parasites or fungal infections will be treated immediately at the owner's expense.

# GROOMING

How would you like your pet groomed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like advantage applied after your pet is groomed: \_\_\_\_\_

It is our policy that if fleas are noticed advantage will be applied at owner's expense.

Does your pet need to see the Vet or need any other services while here? (Bath, Annual, Nail Trim, Etc.)  
If yes, please fill out the medical, and/or boarding portion of this form.