



Patient Drop Off / History Form

My Pets Vet Animal Hospital – San Antonio Texas - 9702 Huebner Rd, Suite 104

Client Name: _____ Pets Name: _____

Today's Point of Contact: _____

1st choice phone number _____

2nd choice phone number _____

Reason for visit: _____

**An exam is performed before all procedures and vaccines are administered (\$39.95)*

Vaccines – Dog <input type="checkbox"/> Rabies (\$27.45) <input type="checkbox"/> DAPP (\$29.59) <input type="checkbox"/> Bordetella (\$21.95) <input type="checkbox"/> Leptospirosis (\$24.95) <input type="checkbox"/> DAPP + Lepto (\$35.95) <input type="checkbox"/> K-9 Influenza (\$42.95)	Tests and Procedures <input type="checkbox"/> Fecal Float (\$30.95) <input type="checkbox"/> Fecal Direct (\$20.90) <input type="checkbox"/> Heartworm Test (Dogs) (\$28.00) <input type="checkbox"/> Feline Leukemia/FIV/Feline Heartworm (Cats) (\$54.57) <input type="checkbox"/> Routine blood work (\$134.95) <input type="checkbox"/> Ear cytology (\$33.33) <input type="checkbox"/> Radiograph package, 3 views (\$224.95)
Vaccines – Cat <input type="checkbox"/> Rabies (\$27.45) <input type="checkbox"/> FVRCP (\$27.45) <input type="checkbox"/> FeLV (\$32.95)	Other Services <input type="checkbox"/> Anal Gland Expression (\$27.45) <input type="checkbox"/> Nail trim (\$18.65) <input type="checkbox"/> Nail trim with Dremel (\$33.39) <input type="checkbox"/> Microchip (\$45.00)

Does your pet need a refill on any preventative medications?

Heartworm Prevention <input type="checkbox"/> Heartgard <input type="checkbox"/> Proheart <input type="checkbox"/> Revolution (Cats, Puppies <4#)	Flea/Tick Prevention <input type="checkbox"/> Nexgard <input type="checkbox"/> Bravecto <input type="checkbox"/> Revolution (Cats, Puppies <4#)
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History:

What diet is your pet eating? _____

When did your pet last eat? _____

Has your pet ever had an adverse reaction to any vaccines or any procedures?

If yes, please describe: _____

Please list any medication that your pet is taking:

Medication	Dosage/Frequency	When last dose was given

Have you noticed any changes or do you have any concerns about any of the following in your pet?

- | | | |
|-------------------------|--------------------------|---------------------------|
| _____ Eating more/less | _____ Drinking more/less | _____ Bad Breath |
| _____ Weight gain | _____ Weight loss | _____ Urinating more/less |
| _____ Vomiting | _____ Diarrhea | _____ Itching/Scratching |
| _____ Difficulty rising | _____ Scooting rear | _____ Shaking head |
| _____ Masses | _____ Hair loss | _____ Limping |
| _____ Other _____ | | |

Please describe your concerns- include how long you have noticed the concern and how it has progressed over time. How frequently is it happening?

Is this the first time you've noticed this issue? _____

Have you tried any treatment? Did it help? _____

**** Payment is expected at the time services are rendered****

We accept cash, check, Visa, MasterCard, American Express and Discover

For delayed payment options we offer Care Credit

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of My Pet's Vet to administer such treatment as in necessary and perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges up to \$ _____ or unlimited, at the time of release. If charges will exceed the authorized amount, My Pet's Vet will make our best effort to contact you for authorization of additional services. If we are unable to reach you, we will not be able to provide additional services.

Signature of owner/agent _____ Date _____