

Date: _____

Owner's Name: _____ Pet's Name: _____

The primary purpose of an annual examination is to prevent disease or, at least, to discover abnormalities while they are still treatable. It is also the time to review previous health problems, monitor current medications and update immunizations.

Vaccination protocols have changed, and we no longer recommend every vaccine every year. The vaccination schedule is modified for each individual patient. Manatee County recognizes the 3-year Rabies vaccine and we suggest "distemper boosters" be extended to every three years as well. Other vaccines depend upon the exposure risk for your pet.

Vaccinate my pet per doctors' recommendations.

- 1-year Rabies 3-year Rabies DA2PP Leptospirosis Bordetella
- 1-year County License Certificate* Borrelia (Lyme) Canine Influenza

*To refuse the Manatee County License, please sign below. (Note: a substantial fee may be imposed by Manatee County.)

I refuse the Manatee County License. Signature _____ Date _____

Additional Requests:

- Nail Trim Express Anal Sacs Draw Blood for Laboratory Work-up Clean Ears
- Heartworm Test (recommended annually) Intestinal Parasite Screen (recommended annually)

Please list any specific concerns or problems with your pet: _____

What do you feed your pet? _____

When did your pet last eat? _____

When did your pet last drink? _____

Is your pet on heartworm preventative? No Yes - Brand: _____

Is your pet on flea/tick medication? No Yes - Brand: _____

Is your pet on any other medications? No Yes - What? _____

- Appetite: Normal Poor Anorexia Excessive
- Thirst: Normal Increased Decreased None
- Urination: Normal Increased Decreased Straining Bloody
- Stools: Normal Hard Soft Diarrhea Straining Bloody
- Respiration: Normal Increased Coughing Sneezing
- Vomiting: Normal Food Mucus Bile Blood
- Other: _____

Permission for Diagnostics and Treatment. Please read before signing.

If we find the need for sedation or diagnostic labwork, would you like us to:

- Perform the procedures Contact you with an estimate (Phone #: _____)

I permit DeSoto Animal Clinic to treat my pet within the above guidelines.

Signature: _____ Date: _____

Home #: _____ Cell #: _____ Work #: _____

Please indicate your preferred contact number: _____