

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, Intestinal Parasite Screen

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, Thirst, Urination, Stools, Respiration, Vomiting, Other: Normal, Poor, Anorexia, Excessive, Increased, Decreased, None, Straining, Bloody, Hard, Soft, Diarrhea, Straining, Bloody, None, Food, Mucus, Bile, Blood

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: \_\_\_\_\_