

CURBSIDE APPOINTMENT CHECK IN

Your name: _____ Pet name: _____

Reason for visit: _____

Are there any specific concerns you would like addressed today?

Please list all medications/supplements/flea and heartworm preventatives:

Please tell us what food your pet eats & amount given:

Are urination and defecation normal? _____

Any vomiting or diarrhea? _____

Any coughing or sneezing? _____

Has your pet had any previous vaccine reactions, such as facial swelling, hives, difficulty breathing? _____

Has your pet visited or lived outside WA? If so, where? _____

Please list any current medical conditions _____

Thank you for providing us with information about your pet. It will help us streamline the curbside appointment process as much as possible. We greatly appreciate your patience and understanding with our new protocols.

I am the owner/agent for the above animal, and authorize and request an examination for this pet. I understand the doctor will contact me after she/he has examined my pet, to discuss their findings and recommendations. I authorize my pet to leave my custody and enter the clinic in the care of a clinic team member.

Signature: _____ Date: _____

Vehicle make/model/color: _____

Phone number for doctor to call: _____