

WELLNESS SERVICE



Date

For Office Only (Check-In)

Animal ID No. (System Generated)	Weight (lbs)	Temperature	Rabies Status (1REQ, 3REQ, NA)	Physical Exam (NA, Comp.)

OWNER	Owner/Authorized Agent Name	Cell Phone (Required)
	Address (Complete in full)	Email

PET INFO	Pet Name		Species	Sex	Age	
	Breed	Primary/Secondary Color		Microchip Number		
					Yes	No
	Does your pet have any current medical conditions or taking medications (including coughing, sneezing, vomiting or diarrhea)? If yes, please describe:				<input type="checkbox"/>	<input type="checkbox"/>

NOTES

For Office Only (Wellness Items or use Checklist Forms & Attach)

Item Category	Item Name	Quantity	Dose/Color/Size