



Quail Corners Animal Hospital
24 Hour Emergency Care
 1613 East Millbrook Road ~ Raleigh, NC 27609
 919-876-0739 Phone ~ 919-882-8018 Fax

Date: _____

Client Name: _____ Pet Name: _____ Chart Number: _____

Main reason for your pets visit today: _____

Please initial services to be performed for today:

Wellness Exam (required with other services)		Preventative Blood work
Vaccines	Dogs	Cats
	DHPP(Distemper Combo K9)	FVRCP(Distemper Combo Feline)
	Leptospirosis	Leukemia
	Bordetella**	Rabies
	Influenza**	Intestinal Parasite Test
	Rabies**	FeLV/FIV Test
	Heartworm Test	(recommended for outdoor cats)
	Intestinal Parasite Test	ProHeart Injection

**** Vaccination Policy: To ensure the protection of all the pets under our care, the following vaccines must be up to date prior to your scheduled boarding date.**

DOGS: Rabies; Distemper/Parvo (DHPP); Bordetella, Influenza (Flu) CATS: Rabies; FVRCP (Distemper)**

Check all concerns you have for your pet:

- | | | |
|-----------------------|-----------------------|------------------------|
| ___ Vomiting/Diarrhea | ___ Lethargy/Weakness | ___ Behavioral Changes |
| ___ Coughing/Sneezing | ___ Change in Eating | ___ Change in Drinking |
| ___ Itchiness: Skin | ___ Urinary Problems | ___ Seizures |
| ___ Itchiness: Ears | ___ Eyes | ___ Limping |
| ___ Weight Concerns | ___ Lumps | ___ Mouth |

Tests may need to be conducted for proper diagnosis of sick patients:

- I authorize up to \$_____ in medical care until someone can be reached.
- Do not administer any medical treatment until specific authorization is given.

Please understand a veterinarian or staff member may need to contact you to discuss the treatment of your pet. Please provide the **primary** contact information so we do so in a timely manner.

Primary #: _____ Secondary # : _____ Email: _____

