

TREATMENT FORM

Owner Last Name: _____ First Name: _____ Phone Number: _____

Pet Name: _____ Emergency Contact: _____ Phone: _____

Please check Yes or No (Additional Fees apply):

Do you want a bath for your pet? Y___ / N___ Nail Trim? Y___ / N___ Brief Ear Cleaning? Y___ / N___

Is your pet current on all vaccines? Y___ / N___ If no, may we update your pets' vaccines today? Y___ / N___

Is your pet current of heartworm/ flea/ tick prevention? Y___ / N___ If not, may we administer prevention today? Y___ / N___

Vaccines/ Services to be performed during your pets visit (Additional fees apply):

DHLPPC _____ Bordetella _____ Rabies _____ Influenza _____ Heartworm Test _____
DHPPC _____ Leptospirosis _____ Fecal _____ FVRCP _____ FELV _____
Microchip _____

Sometimes a pet objects to us trying to help him/her and becomes irritated enough so that we cannot accomplish our goal. Should this occur, may we sedate your pet to complete the work? If so, there will be an additional fee for sedation. NCAH hospitalizes sick pets and if your pet is not fully vaccinated he/ she may be exposed to contagious viruses

YES you may sedate **NO** you may not sedate

Treatments To Be Performed Today: _____

Special Food or Medication: _____

Time Fed/Medicated: _____

Additional Notes/ Comments: _____

Pets Belongings (Please list): _____

*In the event of a medical emergency, I give the doctors permission to treat my pet as needed and agree to cover the fees associated with such treatment. Aggressive pets may incur additional handling fees. **Pets having treatments will be released after 4:30 p.m.***

Client Signature: _____ **Date:** _____

THANK YOU FOR CHOOSING NORTH CHANNEL ANIMAL HOSPITAL FOR

YOUR PETS' VETERINARY NEEDS!