



CCS: _____ Tech: _____

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: _____

Main reason for your pets visit today: _____

Please check services needed for today:

Wellness Exam		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	

Check all concerns you have for your pet:

- | | | |
|-----------------------|-----------------------|------------------------|
| ___ Vomiting/Diarrhea | ___ Lethargy/Weakness | ___ Behavioral Changes |
| ___ Coughing/Sneezing | ___ Change in Eating | ___ Change in Drinking |
| ___ Skin | ___ Urinary Problems | ___ Seizures |
| ___ 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: _____

