



Drop Off Canine Exam Form

Date: _____

Pet's Name _____

Owner Name _____ Contact Phone Number _____

What diet are you feeding your pet? _____

How much/often? _____

What are you using for flea/tick prevention? _____

How often? _____ Year-round? _____

What are you using for heartworm prevention? _____

How often? _____ Year-round? _____

We recommend the following diagnostic testing as part of routine wellness. Please indicate below which of the following are authorized, if due and medically appropriate:

	YES	NO	Maybe/Need more info
4DX Tick/Heartworm Screen (recommended annually for ALL DOGS even if they don't go outside)			
Fecal with ELISA (stool sample check for intestinal parasites- recommended for ALL DOGS)			
NSAID profile 1 (blood and urine wellness screen for dogs- recommended dogs 5-7 years of age)			
Senior Profile w/TG (recommended annually for all dogs 8 years or over)			

In addition to a wellness exam, we recommend the following vaccinations, if due and medically appropriate. Please indicate below which of the following are authorized:

	YES	NO	Maybe/Need more info
DA2PP (distemper/parvo)			
Rabies (required by NY state law. Also, required by Burrstone for hospitalized pets)			
Lyme CR (we now recommend Lyme as a core vaccine for almost all dogs)			
Lepto (A bacterial disease transmitted via outdoor water sources and the urine of small rodents. Recommended for almost all dogs. Required by some boarding facilities)			
Oral Bordetella (Recommended for boarding, doggy day care, dog to dog contact in public spaces)			
Influenza (recommended in some parts of country/boarding dogs, doggy day care, dogs in public spaces etc.)			

Is your pet having any signs of illness or health concern? If so, what? _____

Are there any other procedures you would like done or things you need checked with your pet today (nail trim, anal, etc.) If so, what? _____

Do you need any heartworm prevention, flea/tick prevention, or other medications/foods today? If so, what and how many? _____