



Today's Date: _____

Owner's Name _____ Phone (____) _____

Address _____

E-mail: _____

Wolf Creek Veterinary Services will never sell or rent your email address to any outside party. Email addresses will be used strictly for service, product reminders and messages pertaining to your pet's health. Reminder emails will be limited to one per month. You, the client, can unsubscribe from our mailing list at any time.

Name of Pet: _____ Male / Female (circle one) Neutered / Spayed

Breed _____ Color _____

Indoor _____ Outdoor _____ Birth Date / Age _____ Vaccines Current Y / N

Reason for today's visit: Vaccines Exam Chiropractic Other _____

Primary problems/symptoms (Please check all that apply):

Lethargy/ Weakness

Changes in drinking

Breathing Problems

Vomiting/ Diarrhea

Changes in appetite

Lumps

Constipation

Coughing/ Sneezing

Scratching/ Skin changes

Changes in urination

Limping

Behavioral Changes

Please explain any problems/symptoms above (include duration, location, description, etc.)

Is your pet on any medication (including heartworm and flea meds)? What medications? When were they last given?

Does your pet have any allergies? If yes, please list _____

When did you pet last eat and drink? _____

I authorize any and all diagnostics/treatment the doctor deems necessary, including bloodwork, x-rays and sedation if needed.

I authorize diagnostics/treatment up to the amount \$ _____

I hereby authorize Wolf Creek Veterinary Services to prescribe for and treat the conditions presented on this form for the pet presented by me. Unless emergency treatment is required, we intend to thoroughly discuss with you any involved procedures and/or estimate of costs before proceeding.

Sick animals and those requiring x-rays require a \$175.00 down payment.

Signature: _____ Date: _____ Staff Member _____

****PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED****

We accept cash, checks, Visa, Mastercard and Discover