Falconbridge Animal Hospital 1401 W. NC Hwy 54 Durham, NC 27707

Weterinary Horizon

Village Veterinary Hospital 50150 Governors Dr. Chapel Hill, NC 27517

919-403-5591

www.FalconbridgeAnimal.com

919-967-4779

			Di	abetic Dr	op-off	Evalu	ation Request Form	
Client:					Patient: Sex:			
Date:				DOB:				
Phone:	Age:				Breed:			
Reason for	ason for visit & any recent problems/changes:					Are you the pet's primary caregiver? Yes No		
When did y								
When did your pet last get insulin?						How many units?		
Bordetella (for all dogs. know that I a	6 mont Pets no m resp	hs), ar ot curre onsible	nd a Feca ent on vac e for assoc	I Flotation for cines/testing ciated costs.	r dogs be will be up	efore adr odated a	s vaccines are required for all pets, as well as Parvo, mission to the hospital. Flu Vaccine (H3N2) is recommended s long as it is deemed safe and advisable by a veterinarian. I hall parasites upon signing this release. If parasites, such as	
fleas or ticks	, are fo	und, I ı	understan	d that my ani	mal will b	e treated	d on admission for an additional cost.	
Have you n			hese?					
Concern	Yes	No	-				Describe if Yes	
Coughing	-		1	Herenda Maria Maria				
Sneezing	-	-	ļ					
Vomiting								
Diarrhea	<u> </u>		1					
Have you n								
Concern		- 11	ncrease	Decrease	Other	None	Describe unless none	
Appetite								
Water Consumption								
Urination								
Behavior/A								
Does youWhat di	our pet i et is yo	trave our pe	l with you t currentl	outside of ly eating? _	NC or to	the coa	yes, supervised or unsupervised? ast or mountains? Yes No	
What medications (including heartworm and flea/tick prevention) is your pet currently taking?								
Insulin: Number of Units Frequency Other Other								

If vet recom	mende	ed, we	may nee	ed to perform	n labwor	k that c	an range from \$64 to \$217 depending on symptoms. Please call first*	
If vet recom Yes, plea	mende ase rui	ed, we n the t	may nee t ests	ed to perform No, r	n other o	liagnosi i s time	tic testing, such as x-rays which can vary in price. Please call first*	
to be used to *If • Is it ok t • Your p	today? you a o give et will	Ye re una your p be re	s If Yes, available et treats ady to p	when did S at the phor while it is he ick up betw	uperPet ne numb re? ☐ Yo reen 5pr	last eat oer give es \[\] N m and \(\)	hould this apply to your pet, do you authorize sedation ?? No, not at this time Call first en, we will proceed at the doctor's discretion. o 5:30pm unless you are informed otherwise. heir social media pages. (Like us on Facebook & follow us on	
Sic	gnature	of Ov	vner or A	gent		Phone r	number to reach you today Date signed	