



PROCESS INFORMATION FOR VETERINARY CLINIC

Admit Date: _____ Date of Services: _____
Name of Dog: _____ Approximate age or DOB: _____
Sex of Dog (circle one): M F M/C F/S Color of Dog: _____
Breed (if not Schnauzer): _____ Microchip? Y/N if so, #: _____

SHORT HISTORY OF DOG:

VETERINARY SERVICES TO BE PERFORMED (Please check those needed):

- Examination: _____
- Distemper/Parvo Combo Vaccination: _____
- Bordetella Vaccination: _____
- Rabies Vaccination: 1 year or 3 year _____
- Influenza Vaccine: _____
- Heartworm Blood Test: _____
- Fecal Parasite Check: _____
- Urinalysis: _____
- Blood work (Chemistries, CBC, Thyroid Levels, etc.): _____ (Required if over 8 years old)
- Toe Nail Trim: _____
- Express Anal Glands: _____

SURGICAL SERVICES/ANESTHESIA REQUIRED (Please check those needed):

- Ovariohysterectomy (Spay): _____
- Castration (Neuter): _____
- Dental (This may involve oral surgery with extractions, radiographics, and flaps): _____
- Lump Removal (Where is/are lump(s) to be removed?): _____
- Other (Urolith..bladder stone removal, etc. ...) Please name: _____

Person(s) responsible for bill or picking up animal: _____
Cincinnati contact numbers (Must be able to be reached during the day!): _____