



Annual Exam Day Stay Form

Pets Name: _____ Pet ID: _____

Age: _____ Sex: _____ Breed: _____

Client Name: _____ Client ID: _____ Doctor: _____

W: _____
T: _____
P: _____
R: _____
CRT: _____

Has the patient been seen at any other vet hospitals in the last 6 months? Y / N

If yes, where can we call for records: _____

Previous Medical Condition(s): _____

Medications/Supplements (dosing and last time given): _____

Heartworm Prevention?: _____ HWT Current?: Y / N

Refill any Medications today? Y / N If yes, which: _____

Diet: _____ Grain Free?: Y / N

Eating and Drinking Normally? Y / N _____ Last meal? _____

Urinating & Defecating Normally?: Y / N If No, Symptoms: _____

Coughing or Sneezing? Y / N If Yes, How Frequently: _____

Travel History: _____

Any New or Changing Masses: _____

Behavior or Activity Changes: Y / N If yes, what? _____

Feline Patients:

Litter Box Usage Normal? Y / N If No, Symptoms: _____

Indoor/Outdoor?: _____ Parasite Prevention?: _____

Vaccine Pricing:

Rabies \$35.00	Leptospirosis \$35.00	FeLV \$50.00
DAPP \$35.00	Rattlesnake \$43.00	FVRCP \$35.00
Lyme \$63.00	Bordetella \$45.00	

Wellness Diagnostics:

Blood Work \$110.00-\$240.00	Radiographs \$121.00-\$379.00	FIV/FeLV Test \$79.00
Urinalysis: \$70.00-\$101.00	Cytology \$35.00-\$265.00	
Fecal \$56.00-\$156.00	Heartworm Test \$55.00	

I hereby authorize the doctors of Hillside Veterinary Hospital to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred and agree to pay all such charges at the time of release.

Signature _____ Date _____

Contact Name & Phone Number(s) : _____ Text OK? Y / N

Intake Nurse: _____ Discharge Nurse: _____