

# Rose Rock Veterinary Hospital & Pet Resort

## Procedure Request Form

Date	Client #	Client Name	Pet Name
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To better facilitate the services we can provide for you and your pet, please initial each service you would like performed in your absence. Some procedures are at an additional charge; please ask receptionist for a price quote.

**PICK UP DATE** \_\_\_\_\_ **PICK UP TIME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**For your pet's protection, all vaccines must be current. If not current, the animal will be vaccinated at your expense. All Guests will be inspected for fleas and ticks upon entry and will be treated, if necessary, at your expense.**

Initial \_\_\_\_\_

**Has your pet been coughing, sneezing, vomiting, or having diarrhea?** Yes No

### Veterinary Procedures

\*Vaccinations

Canine: \_\_\_\_\_ Distemper Combo (DHLPP, CV) \_\_\_\_\_ Bordatella \_\_\_\_\_ Lyme \_\_\_\_\_ Lepto \_\_\_\_\_ Rabies

Feline: \_\_\_\_\_ Distemper Combo (FVRCCP) \_\_\_\_\_ Leukemia \_\_\_\_\_ FIP \_\_\_\_\_ FIV \_\_\_\_\_ Rabies

\*Laboratory Tests

\_\_\_\_\_ Fecal Test \_\_\_\_\_ Heartworm Test \_\_\_\_\_ Leukemia/FIV Test \_\_\_\_\_ Other \_\_\_\_\_

**Grooming** \*Bath and Dips: ALL BATH AND DIPS, PLEASE PICK UP AFTER 5PM (2PM ON SAT)

\_\_\_\_\_ Bath/Dip \_\_\_\_\_ Flea/Tick Treatment \_\_\_\_\_ Cleansing Bath \_\_\_\_\_ Medicated Bath \_\_\_\_\_ Anal Glands

\_\_\_\_\_ Clip Mattes (Minor or Major) \_\_\_\_\_ Total Clip (Shave Completely) \_\_\_\_\_ Shave Potty Trail

The blood supply of the nail grows as the nail grows. Nails when trimmed, may bleed. We will make all efforts to keep this from happening, but if it does, we will stop the bleeding. Rarely, will the nail start bleeding again when at home, but certain situations can cause it to start bleeding again potentially resulting in bloodstains on personal property. Please initial if you want the nails trimmed indicating you understand the risk, and will not hold Rose Rock Veterinary Hospital and Pet Resort responsible for damages that may occur to property.

Nail Trim (please initial you have read and want nails trimmed, no initials will mean No) Yes \_\_\_\_\_ No \_\_\_\_\_

**Dispensing-When my pet goes home I need.....**

\*Heartworm Preventative \_\_\_\_\_ \*Flea/Tick Control Products \_\_\_\_\_

\*Food \_\_\_\_\_ \*Other \_\_\_\_\_

**CSR Initials** \_\_\_\_\_

**Weight** \_\_\_\_\_