

DENTAL CHECK IN SHEET

CLIENT ID _____

Fill out one sheet for each animal. After first animal, only need to fill out owner first & last name.

OWNER _____ **DATE/LOCATION** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **COUNTY** _____

PHONE #1 _____ **PHONE #2** _____

Email _____

PET NAME _____ **SPECIES** _____ **AGE** _____

BREED _____ **SEX** _____ **SPAYED/NEUTERED? Y/N** _____

MEDICAL CONDITIONS _____ **COLOR** _____

*******STAFF USE ONLY BELOW THIS LINE*******

WEIGHT (WE WILL WEIGH THEM INSIDE-DO NOT FILL OUT!!!)***

VACCINATIONS: DA2PP DHLPP BORDETELLA FVRCP FVRCP+FELV RAB 1 RAB3 IN CAT OUT CAT
IN DOG OUT DOG FECAL W/ GIARDIA MICROCHIP

EXAMS: HEALTH EXAM/REASON FOR EXAM: _____

FLEA MEDICATION: CAT<9LB CAT>9LB DOG 5-10 DOG 11-20LB DOG 21-55LB DOG 56-95LB
DOG >95LB CAPSTAR SERESTO COLLAR

HEARTWORM PREVENTION: HWP 0-25LB 26-50LB 51-100LB COMPLETE PARASITE PROTECTION

LABWORK: HEARTWORM TEST FELV/FIV TEST FECAL WITH GIARDIA OTHER: _____

PARASITE CONTROL: TAPEWORM INJ EAR MITE INJ ORAL DEWORMER

PAIN MEDS: _____ **RX:** _____

extractions: _____ **TOTAL #** _____

KET _____ **MID** _____ **ACE** _____ **BUT** _____ **ATR** _____ **MET** _____ **CLINDAMYCIN** _____

TOTAL\$ _____ **PAID: DEP ONLINE** _____ **CC** _____ **CASH** _____