

Ebenezer Animal Hospital [www.ebenzervets.com](http://www.ebenzervets.com)

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## DAY VISIT FORM

Date \_\_\_\_\_ My Pet's Name \_\_\_\_\_ My Name (1<sup>st</sup> & last) \_\_\_\_\_  
Your phone or cell number TODAY: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
When do you want to pick up your Pet(s)? \_\_\_\_\_

### Section I. Healthy Pets

A. Have you noticed any (check all that apply): Sneezing? \_\_\_ Coughing? \_\_\_ Vomiting? \_\_\_ Diarrhea?  
\_\_\_ Skin Problem? \_\_\_ Lumps/Bumps? \_\_\_ Limping? \_\_\_ Odors? \_\_\_ Vision Problems? \_\_\_ If any questions  
are checked, please fill in Section II.

B. Would you like a Yearly Physical Examination and vaccines today? \_\_\_\_\_

C. Is your dog on heartworm preventative? \_\_\_ Have any doses been missed since the last yearly  
check up? \_\_\_ Will you need more today? \_\_\_

D. Has your cat gone outside at all? \_\_\_\_\_

E. Is your pet on any medication(s), besides heartworm prevention? \_\_\_ If so, drug NAME: \_\_\_\_\_  
\_\_\_\_\_ number of milligrams: \_\_\_\_\_ How often is it given? \_\_\_\_\_

### Section II. Pets with Medical or Surgical Problems

A. Please describe the problem(s) that you want addressed today \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. For each problem, please tell us how long it has been occurring \_\_\_\_\_  
\_\_\_\_\_

C. Must we contact you before doing any tests or treatment? \_\_\_\_\_

D. If there is a cost limit we should be aware of, please indicate here \_\_\_\_\_

**PLEASE TURN OVER**

PLEASE MARK AN "X" NEXT TO ANY SERVICES YOU WANT DONE:  
(Place a "?" next to any you want to ask about first)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Heartworm Test                        | <input type="checkbox"/> Worm Test (Fecal) | <input type="checkbox"/> Nail Trim     |
| <input type="checkbox"/> Anal Glands                           | <input type="checkbox"/> Dentistry         | <input type="checkbox"/> Simple Bath   |
| <input type="checkbox"/> Kidney Test                           | <input type="checkbox"/> Urinalysis        | <input type="checkbox"/> Blood Glucose |
| <input type="checkbox"/> Nodule/Wart Removal                   | <input type="checkbox"/> Ear Flush         | <input type="checkbox"/> Tear Test     |
| <input type="checkbox"/> Wellness Testing/Physical Examination |  | <input type="checkbox"/> Microchip     |

I WILL NEED TO PICK UP THE FOLLOWING PRODUCT(S):

Heartworm Prescription:

- Heartgard 6 month pack     12 month pack  
 Interceptor  
 Sentinel  
 Revolution

Other medication refill: \_\_\_\_\_

Flea/Tick Products:

- Advantage  
 Frontline

Coat Care Shampoos:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Ectosoothe | <input type="checkbox"/> Vet Solutions Shampoo | <input type="checkbox"/> Vet Sol. Cond. |
| <input type="checkbox"/> Ketochlor  | <input type="checkbox"/> T-Lux                 | <input type="checkbox"/> Sebbolux       |
| <input type="checkbox"/> Sulfoxydex | <input type="checkbox"/> Chlorhexidine         | <input type="checkbox"/> Relief         |