

1825 Wakarusa Drive
Lawrence, KS 66047
Phone: 785-843-5577 Fax: 785-843-7406
E-mail: pet@wakavet.com



NAME _____ DATE _____
(Last) (First)

SPOUSE _____ OTHER _____
(Friend, roommate, guardian, etc.)

ADDRESS _____
(Street) (City, State) (Zip code)

HOME # _____ CELL # _____ E-MAIL _____

EMPLOYER _____ PHONE _____

SPOUSE'S EMPLOYER _____ PHONE _____

WHO MAY WE THANK FOR REFERRING YOU? _____

PETS:	1	2	3
NAME:	_____	_____	_____
BIRTHDATE:	_____	_____	_____
BREED:	_____	_____	_____
COLOR:	_____	_____	_____
GENDER:	_____	_____	_____
SPAYED/NEUTERED?	_____	_____	_____
MICROCHIP #	_____	_____	_____

PREVIOUS VETERINARY CARE PROVIDED BY?:

WHERE DID YOU GET YOUR PET(S)? _____

DO YOUR PETS HAVE ANY PRE-EXISTING CONDITIONS WE SHOULD BE AWARE OF?

PAYMENT IS REQUIRED AT THE TIME OF SERVICE. WE ACCEPT CASH/CHECK CREDIT/DEBIT-VISA, MASTERCARD, DISCOVER

I UNDERSTAND THERE IS NO BILLING AVAILABLE THROUGH THIS OFFICE AND ACCEPT FULL FINANCIAL RESPONSIBILITY FOR ALL SERVICES RENDERED.

SIGNED _____

PET OWNER
AUTHORIZATION FORM



DATE: _____

WE ARE ASKING FOR THIS INFORMATION TO HELP US BECOME BETTER AQUAINTED WITH YOU AND YOUR FAMILY. PLEASE PROVIDE US WITH OTHER PHONE NUMBERS WHERE WE CAN REACH YOU IN CASE OF AN EMERGENCY. THANK YOU FOR YOUR COOPERATION.

NAME _____ HOME PHONE _____
LAST FIRST INITIAL

ADDRESS _____ MOBILE PHONE _____
STREET

CITY _____ STATE _____ ZIP _____

EMPLOYER _____ WORK PHONE _____

E-MAIL ADDRESS _____

SPOUSE/CO-OWNER _____ WORK PHONE _____

ALTERNATE EMERGENCY CONTACT _____ PHONE _____

For the safety of all pets in our care, we require that the following health maintenance items be current. All of the items listed are those that are communicable by airborne transmission, bite wounds (Rabies) and common exercise grounds (internal parasites). This policy ensures that your pet neither contributes nor acquires disease while under our care.

Dogs: Distemper/Parvo/Lepto complex, Corona Virus vaccines, Bordetella, Rabies vaccine, and a Fecal exam for parasites.

Cats: Distemper complex, Rabies vaccine, and a Fecal exam for parasites.

These items must be given in the last 12 months for adult dogs or cats.

I understand and accept these charges: _____
Signature of Owner/Agent Date

Previous veterinarian care provided by: _____
Veterinarian/Hospital

If necessary, we will verify the dates by calling the office you have indicated. Should your pet be delinquent on the items listed above, they will be given at your expense.

External Parasites: (Fleas and Ticks)

Fleas and Ticks are a nuisance to your pet and to our kennel and hospital environment. Should your pet be found to have fleas or ticks upon arrival to our facility, a flea/tick bath and/or topical flea/tick treatment will be administered at your expense.

I understand and accept these charges: _____
Signature of Owner/Agent Date

I authorize Wakarusa Veterinary Hospital copyright and/or use of my images of my pet/s and/or myself including photographic, video and/or testimonials in various forms of media, including printed and/or multi-media materials, to be used by or for Wakarusa Veterinary Hospital to assist in publicity, promotion, hospital advancement, marketing and/or educational purposes. _____

Initial

Curbside History Form

Please arrive 10 mins before your appointment time.



Name: _____
Pet's Name: _____
Cell phone: _____
Date: _____

Park Please help us identify your car

Make: _____
Model: _____
Color: _____

Notifying us of your arrival

Please call our office once you have arrived at 785-843-5577

Pet prepared Please have your pet on a leash or in a carrier before we come to the car. Please bring a fecal and urine sample, so if needed it is available.

Please have this form **completed** before coming to the hospital. You can email it back before your appointment to pet@wakavet.com or bring it with you.

Your pet will be brought into the hospital by a team member, the doctor will do an exam and any questions/conversations will be by phone. Please have a cell phone ready and the number of that phone on this form. Payment of services will be curbside as well, and expected after the visit is complete.

Pet History:

Briefly describe the reason your pet is here for an exam, such as ear infection, sick or limping. Please answer all questions below regardless of why your pet is here.

Has your pet had any coughing ? **Yes No**

Has your pet had any sneezing ? **Yes No**

Does your pet have any nasal discharge? **Yes No**
If yes what color and which nostril(s)?

Has your pet been vomiting? **Yes No**
If your pet has been vomiting when was the last time and describe the vomit.

Has your pet had diarrhea? **Yes No**
Does your pet's stool look normal in color? If no, is it black or bloody? **Yes No**

Has your pet been drinking more? **Yes No**

Has your pet been urinating more? **Yes No**

Have you seen your pet's urine? **Yes No**
If so what was the color and amount?

Has your pet's appetite changed? **Yes No**
If so describe how?

When was the last time you saw a bowel movement and what did it look like?

Any change in diet? **Yes No**
If yes, when and what did you change?

Is your pet lethargic (not active)? **Yes No**
If yes, how long?

Is your pet here because it is limping? **Yes No**
If so which leg and how long?

Please list all medications your pet is on and when they were last given:

Has your pet cried out? **Yes No**
If so what was your pet doing when this occurred?