

# EBENEZER ANIMAL HOSPITAL, PA

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## DAY VISIT FORM

Date \_\_\_\_\_ Pet's Name \_\_\_\_\_ Owner's Name \_\_\_\_\_

Phone Number TODAY \_\_\_\_\_ Best Time to Call \_\_\_\_\_

When do you want to pick up your Pet(s)? \_\_\_\_\_

### Section I. Healthy Pets Only

- A. Have you noticed any (check all that apply):  
Sneezing? \_\_\_ Coughing? \_\_\_ Vomiting? \_\_\_ Diarrhea? \_\_\_ Skin Problems? \_\_\_  
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 MILIGRAM \_\_\_\_\_  
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. All marked with an \* are  
 routinely performed during a yearly physical exam.)**

- |  |   |                                      |
|--|---|--------------------------------------|
| <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"/> Physical Examination* | <input type="checkbox"/> Wellness Blood work      | <input type="checkbox"/> Urinalysis  |
| <input type="checkbox"/> Blood Glucose         | <input type="checkbox"/> Microchip Identification | <input type="checkbox"/> Ear Flush   |
| <input type="checkbox"/> Tear Test             | <input type="checkbox"/> Nodule/Wart Removal      | <input type="checkbox"/> Kidney Test |

**I WILL NEED TO PICK UP THE FOLLOWING PRODUCTS**

Heartworm Prescription:

- |   |  |
|---|--|
| <input type="checkbox"/> Sentinel               |  |
| <input type="checkbox"/> Interceptor            |  |
| <input type="checkbox"/> Revolution             |  |
| <input type="checkbox"/> Heartgard 6 month pack | <input type="checkbox"/> 12 month pack |

Flea/Tick Products:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Vectra 3D  | <input type="checkbox"/> Capstar                         |
| <input type="checkbox"/> Comfortis  | <input type="checkbox"/> Advantage                       |
| <input type="checkbox"/> Revolution | <input type="checkbox"/> Frontline 3__ or 6__ month pack |

Coat Care Shampoos/Ear Cleaner:

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Ecotosoothe   | <input type="checkbox"/> Aloe & Oatmeal Shampoo     | <input type="checkbox"/> Sebbolux    |
| <input type="checkbox"/> Ketochlor     | <input type="checkbox"/> Aloe & Oatmeal Conditioner | <input type="checkbox"/> Pyoben      |
| <input type="checkbox"/> Chlorhexidine | <input type="checkbox"/> Relief                     | <input type="checkbox"/> Ear Cleaner |

Other medication refill:

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