

Primary Care Service - Wellness and Vaccine Drop Off Form

Client Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Best number to reach you today: \_\_\_\_\_ Best time: \_\_\_\_\_

*We will call to get authorization prior to any treatment or diagnostics unless otherwise indicated!*

Has your pet been seen by us before?  Yes  No (if not, please fill out a Client Registration form)  
When was your pet's last meal? \_\_\_\_\_ What did he/she eat? \_\_\_\_\_

What medications (if any) has your pet received in the last 24 hours?

Name of medication:	Amount given	What time

Is your pet sensitive or allergic to any medications or food  no  yes (please list)

What vaccinations, if needed, would you like us to give your pet today?

- Rabies  
 Distemper-Parvo  Lepto  Kennel Cough  
 Feline upper respiratory (RCP)  Feline Leukemia

Has your pet ever had a vaccine reaction (facial swelling, hives, vomiting, difficulty breathing)?

Please describe any problem(s) your pet is having, pertinent history leading up to the current condition, and any previous major medical problems:

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**In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians in TAMU Primary Care, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_