

PIPER HERITAGE VETERINARY CLINIC

3140 N. 99TH Street
Kansas City, KS 66109
(913) 299-0010



PIPER HERITAGE
VETERINARY CLINIC

Owner/Agent: _____

Today's Date: _____

Phone Number: _____

Additional Number: _____

Patient's name: _____

Reason for exam without owner present: Drop off Boarding (Staying until): _____

Owner / Agent requests: **(Circle any that apply)** Wellness Exam Vaccines (list): _____

Fecal Heartworm Test Proheart 6 Inj. Nail Trim Anal Glands
(Heartworm prevention)

Symptoms/Treatments:

Owner / Agent approve: **(Circle any that apply)** Exam Blood Work Radiographs
Ultra Sound Urinalysis Skin Scrape Fine Needle Aspirate Other: _____

Mark Kennel Food (Science Diet Sensitive Stomach)

One Food Provided: _____ Amount: _____ How Often: _____
Patient last ate: _____ (i.e. 1/4c)

Please Circle any that apply:

Food Allergy Animal Aggressive Seizures

Patient Medications:

Name	Dose	Last Given

Patient has adverse reaction(s) to: _____

Please list any property left with your pet in detail: _____

As the owner of the pet described above, I hereby give Piper Heritage Veterinary Clinic, Its Doctors and staff consent and authority to provide the above medical procedure. I understand the procedure as it has been explained to me. I authorize the use of appropriate medical treatment.

➤ **If we are unable to reach you, may we proceed with necessary treatments? Yes No**

Signature: _____

Staff Member: _____