

VETERINARY CARE CENTER OF

RICHMOND
 Previous Medical Request/Release

In order to obtain optimal safety for all guests at the Veterinary Care Center of Richmond, it is essential that we have an overview of our guest's medical history.

If your pet has not received vaccinations required for their stay, but you have a signed medical explanation from your veterinarian this will be taken into consideration.

Veterinarian Information (Your pet's regular attending veterinarian)

Veterinarian's Name: _____

Hospital / Clinic's Name: _____

Hospital / Clinic's Phone Number: _____

Hospital / Clinic's Address: _____ City: _____ State: _____ Zip: _____

Please read and initial below which option you would prefer should it become necessary to seek medical attention for your pet during their stay. (You must select an option below.)

_____ In case of a routine medical problem, I would like my pet to be taken to my regular attending veterinarian as listed above for follow up care. By choosing this agreement, I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file. Should my veterinarian be unable to see my pet or my emergency contact unable to transport my pet to my regular veterinarian, I understand that my pet will be transferred to the adjoining veterinary hospital, Veterinary Care Center of Richmond for all pertinent treatments.

_____ In case of an evening emergency, I would like my pet to be taken to an emergency facility for follow up care. By choosing this option, I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

_____ In case of the need for medical treatment, I would like my pet to be taken to Veterinary Care Center of Richmond for follow up care. By choosing this option I understand that I am responsible for all charges incurred and that I must have a valid credit card number on file.

Vaccination & Health Information

Written proof of vaccinations within the last eleven months must be submitted. Please indicate below which vaccinations have been administered to the guest.

DHLPP	Y	N	Date: _____ / _____ / _____	FVRCP	Y	N	Date: _____ / _____ / _____
Bordetella	Y	N	Date: _____ / _____ / _____	FELV	Y	N	Date: _____ / _____ / _____
Lepto	Y	N	Date: _____ / _____ / _____	Fecal	Y	N	Date: _____ / _____ / _____
Lyme	Y	N	Date: _____ / _____ / _____	Influenza	Y	N	Date: _____ / _____ / _____
Rabies	Y	N	Date: _____ / _____ / _____				

Heartworm / Flea & Tick Preventative Applied Y N Date: _____ / _____ / _____

If you have selected no for any of the above, please provide a written explanation from your veterinarian.

Does the guest have any chronic medical conditions we should be aware of? (Circle One) Yes No

If Yes, please provide additional information regarding your pet's medical condition(s):

All guests will be checked for fleas and ticks upon arrival. If any fleas or ticks are found the guest will be treated with Capstar and/or Frontline prior to entering the main facility at the owner's expense. This is for their protection, and for the protection of our guests as well.