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## Outpatient Service Form

**Owner:** \_\_\_\_\_ **Pet:** \_\_\_\_\_

**1) Reason for today's visit (Please check all that apply):**

- |  |                                       |                                    |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Vaccination update (see #3)         | <input type="checkbox"/> Bath         | <input type="checkbox"/> Rx refill |
| <input type="checkbox"/> Illness/Injury/Examination (see #2) | <input type="checkbox"/> Midyear exam | <input type="checkbox"/> Other     |

**2) If pet is injured, ill or needs examination in a specific area, please briefly list the symptoms you have noticed and their approximate duration:** \_\_\_\_\_

**3) If pet is in for vaccinations, please check one of the following:**

**CANINE**

- Canine Annual: Physical exam, Fecal, Heartworm Test  
Rabies, DHLPP booster
- Canine Bordetella (Kennel Cough-**may be required**)
- Canine Influenza (**may be required**)

**FELINE**

- Feline Annual: Physical exam, Fecal, Rabies,  
FVRCP booster
- Feline FELV booster

**Would you like your pet to have a microchip placed while here? (\$39.50) YES NO**

**Would you like your pet to be bathed while here? YES NO**

Bath includes nail trim, ear cleaning, shampoo, and coat conditioner.

- Cleansing bath only       Cleansing bath with flea medication

**Please plan to pick up your pet after 4:30 PM (M-F) to allow drying time  
Saturday pick ups are bathed on Friday and should be picked up between 9AM and noon.**

In order to protect our patients from infectious diseases, we require that all animals entering the hospital show proof of current vaccinations through a licensed veterinarian for the following diseases:  
CANINE: Rabies, DHLPP (Distemper, Hepatitis, Leptospirosis, Parvo, Corona), Bordetella, Influenza  
FELINE: Rabies, FVRCP (Distemper, Panleukopenia, Rhinotracheitis, Calici)

**I understand my pet will be vaccinated as required if not proven to be current**

**\*\*\*I assume financial responsibility for the services rendered and understand that full payment is due upon completion of services\*\*\***

I would like an estimate of fees:  before services are rendered OR  if charges will exceed \_\_\_\_\_

**Phone # where you may be reached today:** \_\_\_\_\_

**Signature of owner or owner's agent:** X \_\_\_\_\_

**Date:** \_\_\_\_\_