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## **Wellness Care for a Discount Price**

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### **Heartworm Treatment Drop Off Admission**

Today's Date: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Patient: \_\_\_\_\_

Are there any allergies, behaviors or vaccine reactions we should know? \_\_\_\_\_

Are there any other services you would like for your pet today? \_\_\_\_\_

How often do we need to walk your pet today? \_\_\_\_\_

How often do we need to feed your pet today? \_\_\_\_\_

-If pet needs feeding, will it be okay if we use our clinic food? \_\_\_\_\_

-Is it okay for us to give your pet treats while they stay with us today? \_\_\_\_\_

Do you have any questions for the Veterinarian? \_\_\_\_\_

What is the best phone number to contact you at today? \_\_\_\_\_

We will provide your pet with take home pain meds for this procedure, and we prefer to begin these pain medications the day of the treatment. Would you like for a faster-acting, injectable pain medication on the day of the treatment in addition to the take home pain meds? If so, there is an **additional cost of \$31** for this pain medication injection.

\_\_\_\_ Approve Pain Med Injection

\_\_\_\_ Decline Pain Med Injection

What time will you be picking up your pet today? \_\_\_\_\_

**By signing this form, I understand that I must pick up my pet before 5:15pm to insure adequate time for discharging instructions with the Veterinarian before closing.**

Client Signature: \_\_\_\_\_

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

**Website: [www.petshotsexpress.com](http://www.petshotsexpress.com)**