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Clinic: _____ Date: _____

Puppy Vaccines/Wellness:

Dog Vaccines/Wellness:

Kitten Vaccines/Wellness:

Cat Vaccines/Wellness:

Heartworm, flea and tick products:

Heartworm treatment:

Ear infection, first time:

Ear infection, chronic/recurrent:

When do you recommend surgery?

Allergic & infectious dermatitis:

Manges and mites:

Ringworm:

Anal gland problems:

Upper respiratory infection in dogs:

Upper respiratory infection in cats:

Vomiting and diarrhea:

Parvo:

Anesthesia and pain management:

Dog OHE:
Neuter:

Cat OHE:
Neuter:

Arthritis:

Laboratory testing: routine and for long term medication use:

Thyroid supplement:

Methimazole:

NSAIDs:

Phenobarbital:

Wellness/Senior:

Preoperative:

Other:

On scale of 1-10, how much do you emphasize the following with clients:

Pet weight/obesity	Heartworms	Fleas/Ticks
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Dental disease	Other Parasites	Behavior
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Other:

What medications do you routinely script out?

What is dispensed OTC?

Procedures regularly referred to specialty facility:

As a way of further understanding your clinic's philosophy, please complete the following:
We strive to give our clients the best medical care by emphasizing:

Any other features that would assist me in serving your clients:

Who in your practice does the following:

Draws blood

Places IV catheter

Takes Radiographs

Induces anesthesia

Monitors anesthesia

Recovers patient

Cleans instruments post-op

Gives baths/dips

Runs in-house blood machines

Runs urinalysis

Checks fecals

Checks ear cytology

Preps send-out labs

Fills dispensed medications
Any specific double check on meds?

Makes labels for medications

Records or types medical history

Other duties:

Practice Policies:

Do you ever bill/take payments?

If so, the person who decides eligibility is:

Payment forms accepted:

Do you prefer to keep emergencies in house or refer to EC?

Do you take walk-ins?
How are they scheduled?

Any other policies?