

Zionsville Country Veterinary Clinic

6971 Central Blvd, Zionsville, IN 46077 317-769-7387 (phone) 317-769-4835 (fax) zcvc@tds.net (email) Shari Lyons, DVM Rick Lyons, DVM Melissa Pearson, DVM Dr. Melissa Jones, DVM Alice Johns, DVM

Pet Name:	Client na	ame:
Why are we seeing your pet?		
		Did they start suddenly?
		et's illness? (around other pet's? injury? diet change?)
Is your pet's appetite and thir	st normal?	Has your pet lost or gained weight?
Have you traveled recently w	ith your pet?	
Has your pet had any tick exp	oosure?	
Is your pet urinating and defe	ecating regularly?	
Is your pet currently on any m	nedications?	If so, please list below:
1) 2) 3)		
Are you currently using any a	dditional treatment me	ethods? If so, what

Thank you for your flexibility at this difficult time. We have found curbside process to be effective but a little less efficient. Please allow a little more time for your pet's appointment. Your pet may need to stay with us a little while if we need to run certain diagnostic tests. Please do not leave until we determine this to be the case. You and your pet are why we are here and we thank you for your patience and loyalty.

COVID-19 NOTE:

Please let us know if you are experiencing any respiratory symptoms or have been exposed to someone who has tested positive for COVID-19. If you fit the above criteria, for the safety of our team, we request you NOTIFY US and if possible have someone else bring your pet to the clinic. We wear our masks for your protection as well as ours. We appreciate you keeping as much physical distance as possible when we collect your pet. Thank you very much and please stay safe!

Cell phone#
