



Pet's Name _____ Date ____/____/____

Phone Number(s) _____

Reason for visit today _____

If sick, for how long? _____

Current Medications _____

Has your pet eaten this morning? Y / N Had a bowel movement? Y / N Urinated? Y / N

Current food pet is eating: _____

Recent Pet Medical History (Please circle Yes or No & Describe)

Itching/Scratching	Y / N	_____
Vomiting/ Diarrhea?	Y / N	_____
Coughing/ Sneezing?	Y / N	_____
Eating/ Drinking?	Y / N	_____
Lethargic/ Weak?	Y / N	_____
Increased/ Decreased Urination?	Y / N	_____
Limping? If so, which leg?	Y / N	_____
Seizures? History of seizures?	Y / N	_____
Weight loss or gain?	Y / N	_____

Travels/dog parks/grooming: _____

Any other concerns? _____

If your pet is due for any vaccinations, would you like to update those today? (If healthy enough) Y / N

Please check off the services you are requesting today

- Physical examination with the emphasis on the problem listed above.
- Annual check-up and boost my pet's vaccines against contagious disease.
- Other _____

I authorize the attending doctor and staff to treat as necessary at the cost of \$ _____

Or

I authorize an examination and treatments to be done by the veterinarian and would like to be called before proceeding the cost of \$200.00

By signing below, I agree to pay the amount notated above and any further agreements made via phone or e-mail. I understand that any unforeseen problem that may develop while I am absent and my pet is in your care will be treated as deemed best by the veterinarian and staff. If I neglect to pick up my pet within reasonable time or within 10 days after treatment is complete, you may consider that the pet is abandoned and hereby authorized to dispose of my pet as you deem necessary. Owner or Authorized Caretaker's

Signature _____ Date ____/____/____