Owner's Name: _____ Pet Name: _____
Date:_____

Reason for visit:

_____

Duration of problem: _____ ☐ Days ☐ Weeks ☐ Months ☐ Years

Present treatment/medications:

_____

_____

Were any medications given today? ☐ Yes ☐ No

Type of food presently fed? _____ Fed today? ☐ Yes ☐ No

Signs: (Please choose even if normal)

Vomiting? ☐ Yes ☐ No ☐ Don't know

If yes: When did vomiting start?

_____

Access to other foods or trash?	☐ Yes	☐ No	Diet change?	☐ Yes	☐ No
Diarrhea	☐ Yes	☐ No	☐ Don't know	☐ Straining	☐ Blood ☐ Mucus
Coughing	☐ Yes	☐ No	☐ Don't know		
Eating	☐ Yes	☐ No	☐ Don't know		
Bowel Movements	☐ Normal		☐ Abnormal	☐ None	☐ Unknown
Urination	☐ Normal		☐ Increased	☐ Decreased	☐ None ☐ Unknown
Water Consumption	☐ Normal		☐ Increased	☐ Decreased	☐ None ☐ Unknown
Activity level	☐ Normal		☐ Increased	☐ Decreased	☐ Unknown
Appetite	☐ Normal		☐ Increased	☐ Decreased	☐ Unknown

Contact Number

_____or_____

☐ **yes, I would like to be contacted by text message with an update on my pet at_____**

(Following recovery from surgery or anesthesia/dental procedures)

☐ **YES,** I authorize any additional charges for treatment that the doctor feels is necessary up to $ _____ amount.

☐ **NO,** I do not give ANY treatments other than those previously discussed without my authorization**.**

For Surgery/Dental patients:

I wish to have general blood work performed on my pet before anesthesia (required on all pets over 6 years of age) –charge is $**108.00** for profile/CBC is $**50.00**(rec on all patient over 10 yrs)☐ Yes ☐ No

Please microchip my pet while under anesthesia: ☐ Yes ☐ No

Please list EVERYTHING you are dropping off with your pet (i.e. medications, leash, collar, food, etc.):

PLEASE READ AND SIGN BELOW:

You will be responsible for the cost of all services rendered during your pet's stay **at the time of discharge**. We accept cash, checks, Visa, Mastercard, and American Express. We also subscribe to Care credit, an independent credit agency that can grant short term credit with no interest. A credit application would be

necessary and response is nearly immediate. Interest will be applied to all overdue accounts and balances not paid in full without prior arrangements. Please request an estimate so that you will be aware of approximate costs. We understand the realities of financial situations. If there is a limit to the amount of finances that can be committed to this visit, please inform us so that we can inform you if the treatment of your pets' condition is approaching or is beyond that level and a reevaluation is warranted. At all times, we will offer you our best medical advice on how to proceed in your pets best interest but we must know any limitations that will be placed at the earliest possible time.

By signing below you are stating that you have read and understand the above information.

Owner's signature_____

Please inform us if you have had a change in phone number or address so that we may bring our records up to date and can reach you in the case of an emergency.