NAME: Click here to enter text.

PETS NAME: Click here to enter text.

PHONE: Click here to enter text.

This form is designed to answer some of the necessary information about your health and current problem. All questions may not apply and are not required but the more information provided the better we can help you. If this is your first visit with us the doctor will need to talk to your parent before leaving. Also this is not a day time boarding form for healthy pets; please see our form page..

I was feeling and acting normal until ENTER DATE. CHOOSE ONE.

My appetite has Choose an item. The last time I ate was Click here to enter text.

I feel lethargic or depressed [ ] YES [ ]  NO

I feel painful [ ]  YES [ ]  NO, The pain seems to be GENERAL AREA OF THE BODY

My water intake has Choose an item. My urination has, Choose an item.

I have vomited number of times Click here to enter text. Please describe the vomit Click here to enter text.

My stools are Choose an item. If abnormal please describe. Click here to enter text.

My normal diet is; Click here to enter text. I get treats [ ]  or human food[ ]

In-case the above questions did not apply please give us more information. Click here to enter text.

By electronically signing this form your owner or caregiver is requesting an exam by our doctor. It is understood sedation may be required and our Doctor has permission to administer sedation. ENTER INITIALS. After the initial exam we will contact you with any additional diagnostic test or treatment and will provide an estimate at that time.

If I cannot reached by phone I authorize any initial diagnostic test and or treatment. I understand this may require blood work, radiographs or anesthesia ENTER INITIALS HERE..

I understand payment is due at the time services are rendered and a deposit may be required before treatment is begun. ENTER INITIALS HERE.