



Patient Information

Client Name:	Patient Name:
Date:	Species:
Breed:	Age:

What are we seeing your pet for today?

Symptom Check

When was your pet's last meal?

Any change in food or water intake? YES NO If yes, what have you noticed and when did you first notice it?

Any change in your pet's activity level?

Have you noticed any COUGHING SNEEZING VOMITING DIARRHEA If yes, please explain and note when you first observed:

Any lumps or bumps noted? YES NO If yes, please describe location and how long it has been present:

Any known allergies to medications/food/vaccines? YES NO

What medications does your pet receive? (Including heartworm and flea/tick prevention):

What's your pet's last heat cycle?

Consent	Initial
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Please note: we will strive to keep charges in line with any estimate given; however, unforeseen situations may arise at which time we will inform you of additional charges. If we cannot reach you and a procedure needs to be performed, it will be done and charges will appear on your bill.	
All admitted pets must be free of external parasites. Animals with fleas and/or ticks present will be administered a preventative at the owner's expense.	
Pets that are hospitalized on an emergency basis will require a deposit for treatment on an initial assessment. Extensive hospitalized stays may require additional charges to be expected prior to discharge.	
All pets must be discharged by 6:00pm (M-F).	

If my pet requires **emergency resuscitation (CPR)**, please do the following; Initial A or B:

A. **DO NOT** perform CPR on my pet. I decline CPR for my pet.

B. **Request for CPR.** Having requested such emergency procedures, I agree to be held responsible for the additional services performed.

I grant permission for my pet's photo to be used on ENAH website and advertising. I do not agree to photo release.

Client Signature:	Date:
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Phone:	Witness:
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