



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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> COUGHING <input type="checkbox"/> SNEEZING <input type="checkbox"/> VOMITING <input type="checkbox"/> DIARRHEA If yes, please explain and note when you first observed:	
Any lumps or bumps noted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe location and how long it has been present:	
Any known allergies to medications/food/vaccines? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What medications does your pet receive? (Including heartworm and flea/tick prevention):	
What's your pet's last heat cycle?	
Consent	Initial
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.	
<input type="checkbox"/> I grant permission for my pet's photo to be used on ENAH website and advertising. <input type="checkbox"/> I do not agree to photo release.	
Client Signature:	Date:
Phone:	Witness: