

Appointment Form

A critical part of caring for your pet is the history we obtain from you. Please answer ALL of the questions below as **SPECIFICALLY** as possible. The doctor will be relying on your answers to help make your pet better.

Owner Name: _____ Pet Name: _____ Date: _____

****PHONE NUMBERS where you can be reached today. (VERY IMPORTANT — DO NOT LEAVE BLANK)****

Try this # First: _____ Try Second: _____ Additional: _____

List **ALL MEDICATIONS** your Pet is currently taking, as well as **SUPPLEMENTS** (include strength and frequency):

Flea Control Using _____ Date last dose administered _____

1. **What is the main reason for your visit today?** *** List any information that might be helpful to the doctor

2. How long has this been going on? _____

3. Is the problem getting better or worse? _____

4. Has this problem ever happened before (if yes, when)? _____

5. What treatment was done? _____

6. Did your pet respond to the treatment? _____

Please **Circle** each symptom that applies:

Vomit: Food Fluid Foam how long _____

Sneezing: Dry Wet how long _____

Diarrhea: Soft Liquid Bloody how long _____

Eye Discharge: Left Right Both how long _____

Cough: Hacking Moist Wet how long _____

Nose Discharge: Left Right Both how long _____

Appetite: Increase Decrease how long _____

Drinking: Increase Decrease how long _____

Urination: Increase Decrease how long _____

Activity Level: Normal Decreased Increased

Lameness: Left Front Right Front Left Rear Right Rear

Weight: Gain Loss

Is your pet indoors, outdoors, or both? _____ Are there other pets in the house? Cats _____ Dogs _____ Other _____

Are your other pets experiencing the same symptoms? Yes No

What Brand of food are you feeding and is it canned, kibble, or both? _____

What Treats do you feed _____

SIGNATURE: _____ **Date:** _____

Authorization for Anesthesia: After the exam we will contact you regarding necessary further testing or treatment. If sedation is required, we will contact you but will need a signature on file. Please initial if you authorize sedation _____