

Today's weight: _____

Date	Owner's Name	Pet's Name
------	--------------	------------

Phone #'s where you can be reached today _____

Due to the nature of our business, we cannot guarantee a time that your pet will be examined. We will call you as soon as your pet is ready to go; however, it could be as late as 5:30 p.m. Please fill out entire form to ensure proper treatment for your pet. If your pet is sick, please indicate the duration of the symptoms. If you need assistance with this form, please ask the front desk staff.

What is your pet here for today? _____

Microchipping	Yes No	De-worm	Yes No
Vaccinations (Healthy pets only):	Yes No	De-flea	Yes No
<u>Dogs:</u> Heartworm test	Yes No	<u>Cats:</u> FIV/Leukemia test	Yes No

Please check any *current* symptoms or problems you've noticed with your pet & how long it's been going on.

	How Long?		How Long?
___ Appetite Loss	_____	___ Gums bleeding	_____
___ Breathing Problems	_____	___ Limping	_____
___ Coughing/Gagging	_____	___ Loss of balance	_____
___ Depression	_____	___ Scooting	_____
___ Diarrhea	_____	___ Scratching	_____
___ Eye disorders	_____	___ Shaking head	_____
___ Other: _____		___ Other: _____	
		___ Sneezing	_____
		___ Thirst	_____
		___ Urination increase	_____
		___ Vomiting	_____
		___ Weakness	_____
		___ Other: _____	
		___ Other: _____	

Please list any medications (prescription or non-prescription) your pet has had within the last 2 weeks:

Do you need any refills on any medication, heartworm preventative, flea preventative, etc.?
 If yes, please list below so that we can have them ready for you when you pick up.

Because of the risk of transmission to other animals in the clinic, if your pet has evidence of fleas, ticks or intestinal worms, we will treat your pet as necessary and charge your account accordingly.

How will you be paying for your visit today? ___Cash ___Check ___Credit/Debit card

Owner/ Handler signature

Date