

Has your pet been exposed to un-neutered males?

Yes

No

Is your cat:

Indoor

Outdoor

Indoor/Outdoor

Does your pet have any behavior concerns we should be aware of? (Fearful, Bite Risk, Dog Aggression, Cat Aggression etc)

Yes

No

Please describe behavior:

Reason For Visit:

Choose One

Your Pet's History

If you mark abnormal on any item, please use the box below the tables to describe what is abnormal. Please include items such as duration of symptoms, change in symptoms or any other pertinent information you can think of. More information is always better!

Please tell us about your pet's normal behaviors:

	Normal	Abnormal	Symptom Description	Duration of Symptoms
Energy Level				
Appetite				
Thirst				
Urination				
Defecation				

Additional Comments:

As your pet had any of the following:

No	Yes	When did you first notice symptoms?	How Often is pet having symptoms?
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Sneezing?

Coughing?

Vomiting?

Diarrhea?

Itching?

New/Changing

Lumps/Bumps?

Did your pet get into anything that could have cause symptoms (new food, new treats, toys, medications/supplements, eating inappropriate things etc)

What brand of pet food do you feed, how much and how often: *

Has your pet had any of the following:

No	Yes	To what has your pet reacted to?	What were the symptoms?
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Any Adverse Vaccine Reaction?

**Any Adverse Medication
Reaction?**

**Any Adverse Anesthesia
Reaction?**

Additional Notes

Are there any other concerns/problems that you would like the doctor to address today? *

While your pet is here with us today, would you like us to update:

No Yes

Nail Trim

Express Anal Glands

Microchip

Do you have an additional pet you would like to submit history for?

Yes

No

Additional Pet Medical History:

Pet's Name

Choose One

Canine

Feline

Choose One

Male

Female

Is your pet Spayed/Neutered

Yes

No

When was your pet's last heat cycle?

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Coughing?				
Vomiting?				
Diarrhea?				
Itching?				
New/Changing Lumps/Bumps?				

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Financial Responsibility: Our office accepts AMEX, Discover, Google/Apple Pay, Visa, Mastercard and CareCredit, along with cash and checks. Full Payment is due at the time of service. Clients with payment concerns are asked to speak to a team member before their exam. We are happy to discuss all charges and provide a written estimate for care prior to services. We offer 6 months, deferred interest financing via CareCredit for clients in need of a credit plan. No other payment plans are offered at this time. We are not required to adhere to any estimates given over the phone prior to your appointment. We will honor estimates less than 30 days old and provided in writing from our office. *

I have read and understand the above terms

As a precaution due to risks associated with COVID-19 our practice is currently operating by curbside care only. This means no clients are to enter the building at any point. Please ensure that you have a charged cell-phone for communications with the care team while your pet is in the building. If you do not wish to keep your appointment please call the office ASAP to cancel. We do charge fees for no-show and same day cancellations. *

I have read and understand the above terms.

Typed Name as Signature *

Date *



Month Day Year