4614 G.W. Memorial Highway
Hayes, VA 23072
Telephone: 804-642-5740

To properly diagnose and treat your pet, it is important that we have as complete medical history as possible. Thank you!

Owner's Name: ____ **Pet's Name:** ________________

Chief Complaint: ____

How long has this been occurring? ____

Appetite	( ) Good	( ) Fair	( ) Poor
Vomiting	( ) Yes	( ) No	If yes, how often? ____________________________________
Diarrhea	( ) Yes	( ) No	If yes, how often? ____________________________________
Lameness	( ) Yes	( ) No	If yes, how often? ____________________________________
Skin Lesions	( ) Yes	( ) No	If yes, how often? ____________________________________
Scratching	( ) Yes	( ) No	
Discharge	( ) Yes	( ) No	From where? ____
Urination	( ) Normal	( ) Abnormal	Explain: ____
Water Intake	( ) Normal	( ) Abnormal	( ) Decreased
Coughing	( ) Yes	( ) No	
Sneezing	( ) Yes	( ) No	

No Known Problems ( )

List ANY medications that your pet is currently receiving, including heartworm prevention and prescription diets: ____

CATS: Does your cat go outdoors? ( )Yes ( )No

YOUR AUTHORIZATION AND CONSENT:

_______ Examination only. Please call after exam to discuss the findings BEFORE treating.

_______ Examination and such diagnostic procedures and treatment as are necessary and desirable in the doctor's judgement.

( ) HAS or ( ) HAS NOT had food within the previous 12 hours.
ADDITONAL PROCEDURES authorized: ____

DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE CLINIC
I have been advised the nature of the procedures and the risks involved as well as possible outcomes. I understand that if further services are required for this animal, including further treatment for the same condition, additional expenses will occur. In addition, I understand that any charges incurred are for services rendered on the specified date and DO NOT include follow up care, unless previously discussed with the doctor, as other services may be needed to complete treatment.
I have read and understand this authorization and consent.

SIGNATURE: ______________________________ DATE: __________ PHONE: ______________

WITNESS: ___________________________________ DATE: ___________