

Medical Information

Name: _____

Pet Name: _____

Reason For Visit: _____ If sick how long? _____ Contact #: _____

Current diet: _____ Has pet eaten this morning? _____

Has your pet been examined elsewhere for the same condition? _____

What medication is your pet currently taking? _____

What heartworm prevention are you currently using for your pet? _____ Flea Control? _____

Recent Medical History

Recent injury, accident or surgery? Y N _____

Currently taking daily medications? Y N _____

Vomiting and/or diarrhea? Y N _____

Drinking/urinating more/less than usual? Y N _____

Lack of energy and/or weakness? Y N _____

Limping? Which leg — RF RR LF LR Y N _____

Coughing/sneezing or gagging? Y N _____

Scratching and/or chewing at skin? Y N _____

History of seizures? Y N _____

Any lumps/bumps on body? Y N _____

Weight loss/gain? Y N _____

Appetite increase/decrease? Y N _____

Behavioral changes? Y N _____

Anything else we need to know? _____

Treatment

_____ Do whatever procedures the veterinarian would recommend

_____ Please call before any treatment is done. Phone # _____

I authorize sedation or pain relief for the examination or treatment if necessary _____ yes _____ No

TTVH will use all reasonable caution in the treatment of your pet. However, I will not hold the clinic liable for injury, escape or death. I understand that any unforeseen problem that develops while I am absent and my pet is in the care of TTVH will be treated as deemed best by the staff veterinarians and I assume full responsibility for the expense of the treatment. If I neglect to pick up my pet within 10 days of the date of discharge, you may consider that the pet is abandoned and are hereby authorized to make arrangements for my pet as TTVH deems best.

Owner's Signature: _____ Date: _____