Primary Care Service

We have arranged for you to leave your pet here, to allow us to examine your pet as soon as possible today. Please read through the following questions, and answer any that may apply to your pet today. Please read and sign the authorization at the end this form.

Everything was okay with my pet until ___________________________. Since then, ________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Lethargy (decreased activity)? Yes { } No { }

Weight Loss or Gain? (please circle)
Water intake: Increased{ } decreased{ } unchanged { }

Appetite: Normal { } Increased { } Decreased { } Absent { }
Normal Diet: __________________________ Last meal ________________
Access to foods other than recommended pet food? ________________

Vomit: Yes { } No { }
What color? ________________________________
What substance? ___________________________
How often? ______________________________
Last vomited? __________________________

Stools: normal { } constipation{ } diarrhea { }
What color? ______________________________
What consistency? ________________________
Frequency of diarrhea? ____________________

My pet is limping { } has a sore { } has been injured{ }
This started __________________________. Getting worse or improving? (circle)
Please circle the body part on the diagram that you think is the problem.

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Left (Top side) Right (Bottom side) Left

I am the owner/agent for described animal, authorize, and request an exam for my pet. I understand that sedation and/or pain medication will be provided if deemed reasonable. I understand I will be contacted after my pet has been examined to discuss recommended diagnostics and treatment, and will have an initial estimate of charges. I can be reached at______________________________.

If I cannot be reached at this number, I authorize initial diagnostics, including radiographs, and blood work if indicated for my pet. **Please perform indicated diagnostics and treatments up to $___________.**

**Further, if I cannot be reached, I authorize initial treatment, including fluid support and other supportive medications be started as indicated for my pet.**

I authorize sedation/anesthesia, surgery and medications if needed for abscess, laceration or other wounds, if my pet is presented for one of these problems. I understand, and accept that when anesthesia is involved, there are always inherent risks, including death. **Please perform indicated diagnostics and treatments up to $___________.**

I understand payment is due when my pet is discharged, however, a deposit may be required after an estimate is prepared and discussed. I accept financial responsibility for charges incurred for this pet. I understand that I will be charged for flea medication and a dose will be applied if evidence of fleas is found on my pet today.

Signature:_____________________________ Date:____________________
